

# Student Admission Form



Form NO.: \_\_\_\_\_

Location.: \_\_\_\_\_



Attach a recent  
passport size color  
photograph

Admission Seeking In:  Play Home  Coaching Centre  Regular Batches  
 Counselling  Activity Hub

To be completed by Parent / Guardian.  
Please use CAPITAL LETTERS to complete the form

## Candidate's Personal Details:

Student's Name: \_\_\_\_\_ (First) / \_\_\_\_\_ (Middle) / \_\_\_\_\_ (Last)  
Date of Birth: DD / MM / YYYY Gender:  Male  Female (Please tick Appropriate)  
Place of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_  
First Language: \_\_\_\_\_ Other Languages Known: \_\_\_\_\_

## Residential Address & Family information:

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ PIN Code: \_\_\_\_\_

### Father:

Full Name: \_\_\_\_\_ (First) / \_\_\_\_\_ (Middle) / \_\_\_\_\_ (Last)  
E-mail: \_\_\_\_\_ Educational Qualification: \_\_\_\_\_  
Profession: \_\_\_\_\_ Designation: \_\_\_\_\_ Phone: \_\_\_\_\_ / \_\_\_\_\_

### Mother:

Full Name: \_\_\_\_\_ (First) / \_\_\_\_\_ (Middle) / \_\_\_\_\_ (Last)  
E-mail: \_\_\_\_\_ Educational Qualification: \_\_\_\_\_  
Profession: \_\_\_\_\_ Designation: \_\_\_\_\_ Phone: \_\_\_\_\_ / \_\_\_\_\_

### Guardian: (If Applicable)

Full Name: \_\_\_\_\_ (First) / \_\_\_\_\_ (Middle) / \_\_\_\_\_ (Last) E-mail: \_\_\_\_\_  
Relation with student: \_\_\_\_\_ Phone: \_\_\_\_\_ / \_\_\_\_\_





## Declaration:

I/We confirm that all the information provided by me/us is correct. I / We further agree to inform the school promptly, in writing, of any subsequent changes. I / We agree to meet financial responsibilities promptly. I / We understand that any incorrect information given by me/us will render this application invalid and, consequently, the admission granted will be cancelled.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Parent / Guardian)



## For School office use only

### Checklist:

Birth Certificate     Aadhar Card     Admission Fees

Class: \_\_\_\_\_ Section: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Admission Officer)

CREATIVE EYE  
FOUNDATION

🌸 For More Information Contact 🌸

📞 **+91 95385 71009**

(Visiting Timing: 05:00PM to 08:00PM) (Contact Timing: 10:00AM to 01:00PM)

📍 **Patel building, Jatraves Basaveshwar circle,  
Nipani - 591 237 (Dist. Belgaum)**

🌐 [www.creativeeyefoundation.com](http://www.creativeeyefoundation.com)    ✉ [www.creativeeyefoundationnipani@gmail.com](mailto:www.creativeeyefoundationnipani@gmail.com)

Follow us /