



KARAUMBIAH'S ACADEMY FOR LEARNING AND SPORTS
Composite Pre-University College

P.B. No-23 Kaikeri Gonikoppal, Kodagu -571213, Karnataka

ADMISSION & REGISTRATION FORM

For office use only

Roll no _____

DOA _____

Admission Granted

Yes _____

No _____

Provisional _____

Application No:

For the academic year 20____ - 20____

Combination: Commerce Science I PUC II PUC

Boarding Non - Boarding

Please complete each section in **BLOCK LETTERS** using **BLACK** or **BLUE INK ONLY**

SECTION I - CHILD'S PERSONAL DETAILS

1. Full Name.....
(as given in Birth certificate / TC):

2. Sex: Male Female

Candidate's photo(6nos)with white background

3. Date of Birth:..... 4. Place of Birth:.....

5. Nationality:..... 6. Mother tongue:.....

7. Father's Name:..... 8. Mother's Name:.....

Address:..... Address:.....

.....

.....

Occupation:..... Occupation:.....

Mobile:..... Mobile:.....

Phone (R):..... Phone (R):.....

Phone (O):..... Phone (O):.....

Fax:..... Fax:.....

E-mail:..... E-mail:.....

9. State the complete age as on 1st June 20____ : ____ Years ____ months

10. Details of Previous Schooling :-

Name of the School :

Affiliated to (ICSE/ CBSE / SSLC) board :

Medium of Instruction :

Particulars of the Examination Passed (copy of the marks card should be enclosed)

Examination Passed	Year	Reg. No:

Language & Subject Studied in X Grade	Marks Obtained
Language	
1.
2.
Core Subject	
1.
2.
3.
4.
5.
6.
7.
	Total Marks..... %.....

11. Language & Optional Subject sought in PUC :

COMMERCE	SCIENCE
Language I : English <input type="checkbox"/> Language II: Kannada <input type="checkbox"/> or Hindi <input type="checkbox"/>	Language I : English <input type="checkbox"/> Language II: Kannada <input type="checkbox"/> or Hindi <input type="checkbox"/>
1. EBAC <input type="checkbox"/>	1. PCMB <input type="checkbox"/> 2. PCMC <input type="checkbox"/>

12. Details of Sibling:

Name	Age	School/College	Standard/Course

13. Is the student a Non –resident Indian? If so give details:

Passport No..... Date and place of issue.....

Date of Expiry.....

Visa or resident permit details (where applicable, foreign students must have student visa / PIO card / OCI card)

SECTION II - CHILD’S HEALTH

14. a. History /serious illness if any, with dates:.....

b. Present condition.....

c. Physical weakness / allergy that requires special attention :

.....

d. Any other emotional related concerns you would like to share:

.....

.....

.....

SECTION III - TRANSPORTATION (Not applicable for boarders)

15. Transportation: School bus..... / Private.....

If school bus: Pick up and drop off point..... (the school bus may not ply to all chosen points therefore parents must drop ward/s to the nearest point)

SECTION IV – CHILD’S PREPARATION FOR BOARDING

16. Your child coming to KALS for the first time may face many new demands – having to look after themselves and their belongings , managing their daily routine , studies ,group living , restricted TV , monitored computer related activity ,not eating fast food etc., Would appreciate if you can list some of the ways your child is prepared for a boarding environment.

His/ Her –Aptitudes / Interest / Temperament / personality and Academic Profile:.....

.....

.....

.....

.....

CHECK & ENSURE THE FOLLOWING ARE ATTACHED: Incomplete forms will not be considered. Submission of this form does not guarantee an interview call.

- | | |
|---|----------|
| 1) Recent pass port size photograph of the Child (6nos). | Yes / No |
| 2) Proof of date of birth. | Yes / No |
| 3) Transfer Certificate. | Yes / No |
| 4) Previous three years – school report. | Yes / No |
| 5) Adhar card of the students | Yes / No |
| 6) Income & Caste certificate. | Yes / No |
| 7) Address proof of the Parents. | Yes / No |
| 8) Parents pass port size photograph with signatures at the back. | Yes / No |

Health Card

Name:.....

Sex:..... Date of Birth:..... Blood Group:.....

Address:.....

Phone nos:..... E-mail :.....

Allergy (if any):..... Yes No

Date of Examination:.....

Family History of Diabetes, Hypertension, Heart Disease,

Others:.....

Vaccines:.....

General

Height :..... Weight:.....

ENT

Anemia (mild ,moderate, severe or nil):.....

Skin allergy if any:.....

Respiratory System:.....

Cardio vascular system:.....

Abdomen:.....

Nervous System:.....

Epilepsy:.....

Eyes:

Right:..... Left:.....

Using spectacles specify reasons:.....

Allergic to any Medicine (in history).....

.....

.....

Any Surgery undergone:.....

Important findings:.....

.....

* Document to be submitted for serious health issue

Dental Examination:

i. Extra – oral :.....

ii. Intra – oral:.....

a) Tooth Cavity:..... b) Plaque:.....

c) Gum inflammation:..... d) Stains:.....

e) Tarter:..... f) Bad breath:.....

g) Soft tissue:.....

Dates of preventive inoculation:

1).

2).

3).

Remarks:.....

.....

Child Accompanied by: Father Mother Others

Date of Examination:

Medical officer’s name

Signature with seal

Consent Form

- 1) We have given our consent for our child to take part in the school weekly swimming training programme and other sports related programe. Yes No

- 2) From the Medical Health report and doctors advice my child will not be able to actively participate in sport activity - (tick if applicable)

I authorize the Institution / Coaches / Instructor to obtain medical assistance which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of my child.

Name of Father / Gurdian _____

Signature of Father / Guardian _____

Name of Mother / Guardian _____

Signature of Mother / Guardian _____

Date:.....

