

Creativity

Sensomotor

Personality

Cognitive

Language

Folio No. :



ADMISSION FORM

Academic Year 20-

Affix a recent
passport sized
colour
photograph
of the Child

Name of the Child _____

Admission sought in class _____

Folio No. : -

Date _____

School Add. : Kuttiya Par, Mallahchak, Jehanabad (Bihar)
Cell : 7742986877 / 9546886307
E-mail : wingsfoundationacademy.77@gmail.com
Website : www.

Father Details :

Name : _____

Age : _____ Academic Qualification : _____

Profession : _____ Organisation : _____ Designation : _____

Office Address : _____

City / State : _____

Office / Mobile No. : _____ e-mail : _____

(a) Whether any sibling/s who have applied or studying at The Wings Foundation Academy
If yes :-

Name of the Child	Admission No.	Class	Section

What are your Child's special Skills and Interests? Mention achievements if any :

Area of Interest where Parental contribution could enrich the School

- Music / dance / Drama Social Skills Painting / Sculpture Sports
 Academics Public speaking Communication Skills Media / PR
 Bus / Outing Supervision Community Programmes Career Counselling Medical
 Others

Mention two preferences for the desired Bus Stop :

Preference 1. _____ Preference 2. _____

Enclosures to be submitted along with the Registration Form**Note :**

- Please attach photocopy of the following supporting documents :
 - Birth Certificate of the Child. (Issued by the Municipal corporation or any competent authority).
 - Proof of Residence. (Passport / Voter ID / Electricity Bill / Ration Card).
 - Proof of Sibling if studying at TWFA (wherever applicable).
- Two recent passport sized photographs of the child.
- Short-listed students will be informed by Post / Telephone / e-mail.
- Incomplete forms are liable to be rejected without any intimation.
- Medical certificate from certified Doctor.

UNDERTAKING

I / We hereby certify that the information is correct to the best of my / our knowledge and belief. Further, I / We fully understand that if any information is found to be false / incorrect, the admission of my / our ward will stand cancelled. I / We also understand that the application for registration does not guarantee admission to my / our ward. If my / our son / daughter is selected for admission, we hereby agree and give consent to abide by the rules and regulations for school as applicable now and as amended from time to time.

Affix a recent
passport sized
colour
photograph
of the Father

Affix a recent
passport sized
colour
photograph
of the Mother

Affix a recent
passport sized
colour
photograph
of the Guardian

Mother's Name _____ Father's Name _____

Guardian's Name _____ Signature _____

Signature _____ Signature _____

FOR OFFICE USE ONLY

Admission order by the Head of the School

Admitted to Class _____

*Confirmation of admission subject to receipt of

- a) Original Birth Certificate
- b) Medical certificate from certified Doctor.

Signature of the Head of the School