



# MELLOW VALLEY INTERNATIONAL SCHOOL

Chenankara Junction, Thevalakkara PO, Karunagappally, Kollam - 690524, Kerala, India

Tel: 75108 06080, 75108 00300 | info@mvischool.com, www.mvischool.com

## APPLICATION FORM

Affix photo of Child

Affix photo of Father

Affix photo of Mother

Admission required for: _____	Admission Date: _____ Admission No: _____
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### PLEASE USE CAPITAL LETTERS ONLY

We, \_\_\_\_\_ and, \_\_\_\_\_ wish to admit our son/daughter whose particulars are given below as a day scholar at Mellow Valley International School.

### A. INFORMATION OF THE CHILD

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender  Male  Female Date of Birth 

DD	MM	YY
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 Date of Birth in words \_\_\_\_\_

Blood Group \_\_\_\_\_ Religion \_\_\_\_\_ Caste \_\_\_\_\_ Nationality \_\_\_\_\_

Aadhar Number \_\_\_\_\_

Community SC/ST  OBC  GEN  OTHERS

Languages known \_\_\_\_\_ Mother Tongue \_\_\_\_\_

### PERMANENT ADDRESS

Father's Mobile No.:
E-mail ID.:

### RESIDENTIAL ADDRESS

Mother's Mobile No.:
E-mail ID.:

Distance from school (in km): \_\_\_\_\_ Preferred Phone Number for school SMS: \_\_\_\_\_

Emergency Contact No. (Res/Mobile)	Name of the person to be contacted	Relationship

## FAMILY INFORMATION

Father/Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Annual Income:	Tel:	
Aadhar No :		

Mother/Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Annual Income:	Tel:	
Aadhar No :		

Single Parent:

Tick one, only if applicable

Father	Mother
If child is sponsored (Name of sponsoring agency:	
Permanent Address:	

Details of Brothers / Sisters of the student

Name	Age	Name of the Institution	Standard
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## B. DETAILS OF PREVIOUS STUDY

Year	School	Standard/Grade	Grade/marks obtained in Final Exams
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The previous school affiliated to:  STATE  CBSE  ICSE  OTHER

Awards won so far in sports, arts or academics

## MEDICAL HISTORY OF THE CHILD

### BIRTH HISTORY :

Birth Details :      Normal       Caesarian       Forceps

Birth Cry :      Immediate       Delayed

Discharge from Hospital : \_\_\_\_\_ (Number of days)

Specialize care given in the hospital :      Yes       No

If Yes,    NICU:       Extended hospital stay

Explain: \_\_\_\_\_  
\_\_\_\_\_

### HEARING :

Any difficulty observed:      Yes       No

Any Consultation with doctor done:      Yes       No

If Yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

### VISION :

Any Consultation with doctor done:      Yes       No

Use of Spectacles/Corrective Lenses:      Yes       No

Any medication taken for any medical conditions, such as attention deficit / thyroid (hypo/hyper) / any other condition:

\_\_\_\_\_  
\_\_\_\_\_

Any medication taken for general well being:

\_\_\_\_\_  
\_\_\_\_\_

Any allergy / any medical information that school should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### C. ENCLOSURES

- Birth Certificate
- Transfer Certificate
- Course Certificate
- Vaccination Card Copy
- Blood Group Report
- Passport Size photos of child (2 Nos)
- Passport Size photos of parents (1 No)
- Aadhar card copy of parents & child
- Copies of progress report cards for the last 3 years
- Community certificate: for Scheduled Casts, Scheduled Tribes or Backward Communities

The above documents (recently attested photocopies) must be produced along with the filled application form.

### D. MISCELLANEOUS

How did you hear about the Mellow Valley International School?

Brochure

Social Media

Magazine

Word of mouth

Others (please specify)

### E. DECLARATION

I, \_\_\_\_\_ have the authority to admit my child \_\_\_\_\_ into the school as the parent / legal guardian. I undertake the responsibility of providing any evidence needed to support the information provided here, if necessary for any reason. I declare that the statements provided in this application are correct to my knowledge and if found otherwise, I shall abide by the decision of the management. I agree to abide rules, regulations and the free structure of the school.

Date:

Signature of the Parent / Guardian

\_\_\_\_\_

\_\_\_\_\_

**For Mellow Valley International School Office Use only**

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Admission Co-ordinator

Date:



Head of the Institution

Date: