TDL INTERNATIONAL ACADEMY

NH-56, Sultanpur Road, Near Gosaiganj, Lucknow – 226501 Contact- 6390071500, 6390072500
E-mail: tdlinternationalacademy@gmail.com Website: www.tdl.edu.in

ADMISSION FORM

(To be filled by the parents or guardian of the student)

Recent Stamp Size Photograph

1. Class to which admission is required for.....
2. Name of the student in Full (Block letters).....
3. Date of Birth (in figures)..... (In word).....
(As it should appear in School/ Birth Certificate)
4. Age as on 31st March 2025 (Year of admission).....
5. Gender..... 6. Mother Tongue..... 7. Religion.....
8. Category..... 9. Nationality.....
10. Address (Permanent).....
.....
.....
11. Address (Postal) .....
.....
.....
12. Siblings Studying at TDL International Academy. Yes ☐ No ☐
(If Yes)
a) Name of Child..... Class/Section.....
b) Name of Child..... Class/Section.....

13. **PREVIOUS SCHOOL DETAILS**
i) Name of Previous School .....
ii) Class in which she/he was studying in the previous school.....
iii) Medium of instruction in the previous school (Please Tick) English ☐ Hindi ☐
iv) Result of Previous School.....
v) Awards won so far in Sports/.....
Academics.....

14. Transport facility required Yes ☐ No ☐

FAMILY DETAILS

A. Father's Name (Block Letters).....
Contact No..... Qualification.....
Occupation..... Designation..... Income (Per Annum).....
Name of Organization/Company.....

B. Mother's Name (Block Letters).....
Contact No..... Qualification.....
Occupation..... Designation..... Income (Per Annum).....
Name of Organization/Company.....

HEALTH DETAIL OF STUDENT

Blood Group.....

Specific Diseases suffered in the past.....

Operation (s) undergone in the past if any, please specify.....

Allergies, if any.....

Any other disease for which child is on regular medication.....

Father's/ Guardian Signature.....

DECLARATION

We, the Parents and legal guardians of our child/ward.....
Represent that we have the authority to admit the child and interact with the school on behalf of the child during PTM's, and the time allotted. We undertake to bring any fact, which may make this representation untrue in the future to the Immediate notice of the school. We declare that the statements given in this form are correct and, if found otherwise, we shall abide by the decision of the management. We agree to abide by the rules and regulations of the school. The fees schedule has been understood and we agree the rules regarding terms & conditions of the payment of fees. We understand that fees once paid will not refunded. We would like to visit the school along with the child.

A. Father's Name.....

Father's Signature.....

B. Mother's Name.....

Mother's Signature.....

FOR OFFICE USE ONLY

(Checklist of Documents Required)

1. Birth Certificate ☐
2. Copy of latest Progress Report ☐
3. Transfer Certificate ☐
4. Ten Photos ☐
5. Category Certificate ☐
6. Fitness Certificate by Medical Officer ☐

7. Admission Number.....
8. Date of Admission .....

Admin Sign.

Principal Sign.