



Welcome to **Little EINSTEINS Nekkampur!**

We're thrilled that you're considering us for your child's education journey. Please fill out the form below, and let's embark on this exciting adventure together!

Child's Information:	
Child Full Name:	
Date of Birth:	
Gender:	
AADHAR Number	
Previous School (if any):	
Grade Applying For:	
Interested Hobbies (Arts/Dance/Chess/Basket Ball):	

Parents' Information:	
Father Full Name:	
Father Occupation:	
Father Organization Name:	
Contact Number:	
Email Address:	
Mother Full Name:	
Mother Occupation:	
Mother Organization Name:	
Contact Number:	
Email Address:	
Current Address:	
City, Pin Code:	

Child's Medical History:

1. Please mention if the child is suffering from any of chronic ailment:_____
2. Blood Group:_____
3. Is the child allergic to any particular medicine? (if so, give details):_____
4. Emergency Contact No:_____



Additional Information:

How did you hear about our school?

Particulars	✓
Word of mouth	
Online Search	
Social media	
Advertisement	
Please specify if any	

What factors influenced your decision to consider our school?

Particulars	✓
Academic Reputation	
Location	
Facilities	
Extracurricular Activities	
Please specify if any	

Declaration: I certify that the information provided above is true and accurate to the best of my knowledge.

Signature: _____

Date: _____