



Dr. Vikhe Patil Foundation's

# VIKHE PATIL MEMORIAL SCHOOL, LOHEGAON

Vikhe Patil Nagar, Near Diamond Water Park, Lohegaon, Pune-411014

Tel. No. : 020-20263377, www.vpmslohegaon.org

## ADMISSION FORM

Date : / /200

The Principal,  
Vikhe Patil Memorial School, Lohegaon.

Sub: Application for Admission to Std. \_\_\_\_\_

I will be obliged if you consider my daughter/ son/ ward for admission to your school. I have attached photocopies of birth certificate, last report card and the School leaving/ Transfer Certificate (as applicable). I undertake to produce the originals of these documents should you admit my daughter/ son/ ward.

### Name in capital (in full):

Student's Name \_\_\_\_\_

Surname \_\_\_\_\_ Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Surname \_\_\_\_\_ Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Surname \_\_\_\_\_ Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Date of Birth:

D	D

M	M

Y	Y	Y	Y

In Words \_\_\_\_\_

Place of Birth \_\_\_\_\_ Caste \_\_\_\_\_

Nationality \_\_\_\_\_

Address \_\_\_\_\_

### Previous School/ Nursery School/ attended

Name of School : \_\_\_\_\_

Address of School : \_\_\_\_\_

School Tel. No. : \_\_\_\_\_

Monther Tongue \_\_\_\_\_ Languages Spoken \_\_\_\_\_

### Details of :

#### Brother/ Sister studying in VPMS

#### Studying in any other School

Student's Name _____	Student's Name _____
Class : _____ Div: _____	Class: _____ Div: _____
	School Name _____

PARENTS/ GUARDIANS (Person with whom the child normally resides)

(if the child does not normally reside with BOTH parents, please furnish details in a letter signed by legal guardian)

1. Father/ Guardian's Name: \_\_\_\_\_

Age: \_\_\_\_\_ (Years) Relationship with Child: \_\_\_\_\_

Educational Qualification: \_\_\_\_\_

Profession/ Occupation: \_\_\_\_\_

Office Address: \_\_\_\_\_

Tel. No. \_\_\_\_\_

2. Mother/ Guardian's Name: \_\_\_\_\_

Age: \_\_\_\_\_ (Years) Relationship with Child: \_\_\_\_\_

Educational Qualification: \_\_\_\_\_

Profession/ Occupation: \_\_\_\_\_

Office Address: \_\_\_\_\_

Tel. No. \_\_\_\_\_

**Approximate annual income of family: Rs.** \_\_\_\_\_

**DECLARATION BY PARENT/ GUARDIAN**

I know that VPMS is an English medium School

I know that is compulsory for all students to participate in all co-curricular activities.

I know that the structure of the fees and other expenses that I shall have to pay towards education of my son/ daughter/ ward and I agree to pay the same for my son/ daughter/ ward and agree to pay them on time.

I hereby declare that my son/ daughter/ ward shall abide by the rules of the school, or any modification that VPMS may introduce from time to time. I hereby agree that in the event that my son/ daughter/ ward or I commit a breach of any rules and regulations of the school, VPMS is free to take disciplinary action as it sees fit, including the student's dismissal from school.

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(Signature of Parents/ Guardian)

Admitted to Std. \_\_\_\_\_ Div. \_\_\_\_\_

Date : \_\_\_\_\_

\_\_\_\_\_  
Documents Checked By:

\_\_\_\_\_  
Principal