ADMISSION FORM

TAURIAN

TWS/REGN _____

PHOTOGRAPH OF APPLICANT

Primary Information

Name of Applicant _____

Admission sought in ☐ LKG ☐ UKG ☐ I ☐ II ☐ III ☐ IV ☐ V

☐ VI ☐ VII ☐ VIII ☐ IX ☐ X ☐ XI ☐ XII

Year of Admission D D M M Y Y Y Y Gender ☐ Male ☐ Female

Nationality _____ D.O.B. D D M M Y Y Y Y Age Y Y years

Resident Status ☐ Term ☐ Week ☐ Day

Applicant Email ID _____

Applicant's Food Habit

☐ Vegetarian ☐ Non-vegetarian

Food Allergies, if any _____

_____

_____

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TAURIAN

Family Information

	Father	Mother	Guardian
Name			
Education			
Occupation			
Office			
Company Name			
Address			
Telephone			
Email			
Home			
Address			
Telephone			
Mobile			
Email			
Annual Income			
Mother Tongue			

Applicant lives with ☐ Father, Mother both ☐ Local Guardian ☐ Other

☐ Father Deceased ☐ Parent Divorced ☐ Father Remarried ☐ Living Outside India

☐ Mother Deceased ☐ Parent Separated ☐ Mother Remarried

If parents are divorced / separated, who has the legal custody of the Applicant? _____

TAURIAN

Siblings

Name _____ Age _____

School _____ Std. _____

Name _____ Age _____

School _____ Std. _____

Name _____ Age _____

School _____ Std. _____

Communication Details

Postal Address _____

_____

Email ID _____

Telephone Number _____

Emergency Contact Details

Postal Address _____

_____

Email ID _____

Telephone Number _____

TAURIAN

Education Details

Present School Name _____

Date of Admission _____

Address _____

Principal's Name _____

Telephone _____ Email _____

Reason for Leaving _____

_____

_____

School Name _____ Date of Admission D D M M Y Y Y Y

Address _____

Reason for Leaving _____

Telephone _____ Email _____

School Name _____ Date of Admission D D M M Y Y Y Y

Address _____

Reason for Leaving _____

Telephone _____ Email _____

TAURIAN

Medical History

Blood Group _____ Identification Mark _____

Name of Family Physician _____

Contact Details _____

Vaccination History

At Birth:	☐ BCC	☐ OPV	☐ Hepatitis B	
6 weeks:	☐ OPV with/without IPV	☐ DPT/ DTaP	☐ Hepatitis B	☐ Hib
10 weeks:	☐ OPV with/without IPV	☐ DPT/ DTaP	☐ Hepatitis B	☐ Hib
14 weeks:	☐ OPV with/without IPV	☐ DPT/ DTaP	☐ Hepatitis B	☐ Hib
6 months:	☐ Hepatitis B			
9 months:	☐ Measles			
5–18 months:	☐ OPV with/without IPV	☐ DPT/ DTaP booster	☐ Hib booster	☐ MMR
2 years:	☐ Typhoid (may be repeated every 3 to 4 years)			
5 years:	☐ OPV with/without IPV	☐ DPT/ DTaP booster	☐ MMR	
10 years:	☐ Tdap			

TAURIAN

General

If you have had any of the following conditions or a currently experiencing any of them, please put a check in the box next to the condition so that your physician can give details.

- ☐ Problems with vision on hearing (Glasses, contacts or hearing aid)
- ☐ Problem with teethg
- ☐ Dizzy spells, fainting, convulsions, persistent headaches
- ☐ Frequent infection of throat, tonsil, sinuses, ears
- ☐ Chronic cough, bronchitis, bloody sputum
- ☐ Shortness of breath, asthma
- ☐ Chest pain upon exertion or deep breathing
- ☐ Palpitation of the heart, murmurs, irregular beat, poor circulation
- ☐ Jaundice or hepatitis, frequent diarrhea or bloody stools
- ☐ Several menstrual cramps
- ☐ Frequent abdominal cramps
- ☐ Kidney stones or infection
- ☐ Chronic skin problems (rash, infection)
- ☐ Any severe injury to head, chest or internal organ
- ☐ Urinary tract infections, painful or frequent urination, bed wetting
- ☐ Illness requiring hospitalization or prolong incapacitation
- ☐ Frequent nausea or vomiting, food in tolerances Indigestion/heart burn
- ☐ Cramps heat exhaustion or other reaction to high temperatures
- ☐ Claustrophobia, agoraphobia, acrophobia (Strong fear of confined places, open areas, heights)
- ☐ Episodes of depression, anxiety, hysteria or nervousness
- ☐ Motion sickness
- ☐ Low or high blood pressure
- ☐ Hernia
- ☐ Hypoglycemia
- ☐ Appendicitis
- ☐ Dietary restrictions
- ☐ Broken bones, dislocation, sprains
- ☐ Joint pains, swelling or stiffness

Have you received (with dates), or are you currently receiving psychiatric/psychological diagnosis or treatment? If so, please print doctor's name & address and include reason, dates, medication

Prescription Medicine: If you now take or keep with you any prescription medication(s), please specify. Include dosage and purpose.

TAURIAN

Medical Examination (to be completed by the family physician)

If any item in the **Medical history** is checked, please comment on the specific details. We are interested in the dates of the condition(s), specific medications, efforts of not taking the medication(s), and the current status of the condition(s)

Medical History/ Explanation

_____

_____

Height _____ Weight _____ BP _____ P _____

General Appearance and State of Nutrition

Is this Student allergic to any of the following (Circle)

Medication: Penicillin, Aspirin, Sulfin _____ _____ _____

Food: Shellfish, Nuts _____ _____ _____ _____

Other: Insect Bites, Wool, Feathers, Detergents _____ _____ _____

If Allergic, What is the reaction?

_____

How long have you known the student? _____

Do you feel that further diagnostic examination and treatment is indicated?

_____

Name of Licensed Physician (in BLOCK letter) _____

License _____

_____ _____ _____

FIRST NAME MIDDLE NAME LAST NAME

Physician's Address _____

_____ D D M M Y Y Y Y Phone _____

Signature Seal

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Co-Curricular Activities, Awards and Accolades

List and indicate your level of interest and participation on a scale of 1 to 5 in School's co-curricular activities (Quiz, Elocution, Olympiads, Volunteer, etc.)

1. _____ _____
2. _____ _____
3. _____ _____
4. _____ _____
5. _____ _____

List any awards or honours you have received in the past.

_____

_____

_____

_____

List and indicate your level of interest and participation on a scale of 1 to 5 in School's co-curricular activities (Sports, Music, Dance, NCC, etc.)

1. _____ _____
2. _____ _____
3. _____ _____
4. _____ _____
5. _____ _____

List any awards or honours you have received in the past.

_____

_____

_____

_____

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Why are you applying to TWS and what do you hope to gain from it?

What else you would like us to know about you?

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Is Student Eligible for admission? ☐ Yes ☐ No

Assessment Scores of the Student

Interview of Student

Interview of Parent

Opinion Maker ☐ Yes ☐ No

Trouble Maker ☐ Yes ☐ No

Literacy Level ☐ High ☐ Medium ☐ Low

Father's Education

Mother's Education

Has Student cleared the Assessment & Interview ☐ Yes ☐ No

Grade to which the student will be admitted

☐ LKG ☐ UKG ☐ I ☐ II ☐ III ☐ IV ☐ V

☐ VI ☐ VII ☐ VIII ☐ IX ☐ X ☐ XI ☐ XII

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The following is a checklist of all the items to be submitted and completed to complete the admission process:

	CHECK	DATE SUBMITTED	AUTHORISED SIGNATORY
1. Copy of Authentic Certificate showing Date of Birth	☐	D D M M Y Y Y Y	
2. Original Transfer Certificate from previous school (Applicable only for applicants of class II – XII)	☐	D D M M Y Y Y Y	
3. Copy of last examination's Report Card. Copy of Class X pass certificate and board results will be required for Class XI– XII students. (Applicable only for applicants of Classes II – XII)	☐	D D M M Y Y Y Y	
4. Copy of Blood group Report	☐	D D M M Y Y Y Y	
5. Passport size photographs of students – 10 pcs	☐	D D M M Y Y Y Y	
6. Passport size photographs of both parents/guardians – 5 pcs each	☐	D D M M Y Y Y Y	
7. Copy of the first and last two pages of the Passport (Applicable only for international Applicants)	☐	D D M M Y Y Y Y	
8. Passport size photographs (5 nos.) of local guardian (Applicable for Boarding Students Only)	☐	D D M M Y Y Y Y	
9. ID proof (Voter ID card, Passport, Pan card) of Local guardian (Applicable for Boarding Students Only)	☐	D D M M Y Y Y Y	
10. TWS Fee Policy acknowledgement	☐	D D M M Y Y Y Y	
11. "Student Details" section completed	☐	D D M M Y Y Y Y	
12. "Family Information" section completed	☐	D D M M Y Y Y Y	
13. "General Information" section completed	☐	D D M M Y Y Y Y	
14. "Education" section completed	☐	D D M M Y Y Y Y	
15. "Catering" section completed	☐	D D M M Y Y Y Y	
16. Acknowledgement Signed	☐	D D M M Y Y Y Y	
17. "Medical – Part A" section completed and acknowledged	☐	D D M M Y Y Y Y	
18. "Medical – Part B" section completed and acknowledged by physician	☐	D D M M Y Y Y Y	
19. Liability and Indemnity Agreement acknowledgement	☐	D D M M Y Y Y Y	