

Academic Background

Previous School

Board to which affiliated Year attended

Any outstanding achievements

Final Marks /Grade of previous Year	English	Hindi	Maths	Science	Social Science
	<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"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Reason for leaving school

I want my ward to be associated with VPS because

My aspirations for my ward are

Parent's Information

	Father	Mother	Guardian
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/> Age <input type="text"/>	<input type="text"/> Age <input type="text"/>	<input type="text"/> Age <input type="text"/>
Educational Qualifications	<input type="text"/>	<input type="text"/>	<input type="text"/>
Organisation working for	<input type="text"/>	<input type="text"/>	<input type="text"/>
Designation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Office Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual Income	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail ID	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tel. No. (O)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tel. No. (R)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>

If parents are divorced, living separately or widowed, with whom is the child living :

Brothers / Sisters :

Name	Age	Institution	Class	Admission no. (if in VPS)
<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Transport

School Bus facility required Yes ☐ No ☐

Declaration: I hereby put my signature to confirm the above declaration.

Date

Place

Signature of Parent

Note : Registration charges for the downloaded application form are ₹ 500/- (Non-Refundable). Mode of payment is in cash only. (Registration doesn't confirm Admission)



ID Card / Escort Card Form

Affix scholar's
photo here

Name of the Scholar _____

Adm. No. _____ DOB _____ Class _____ Section _____

RFID / MESSAGE (Mobile No.) _____

Address _____

(The below mentioned people are authorised to escort the scholar to & from the Bus Stop / School)

FATHER'S
PIC

Father's Name _____

Mob. No. _____

Date _____

Parent's Signature _____

Parent's Name _____

MOTHER'S
PIC

Mother's Name _____

Mob. No. _____

GUARDIAN's
PIC

Guardian's Name _____

Mob. No. _____

Relation _____

GUARDIAN's
PIC

Guardian's Name _____

Mob. No. _____

Relation _____

For Office Use Only

Date of receiving the form _____

Admn. No. _____

Received by _____



Let Us Join Hands To Give Flight To Their Wings...

Sector-3, Vasundhara, Ghaziabad, U.P.
E-mail : nestlingnippers@hotmail.com
Website : www.nestlingnippers.in

Guardian Information Form

Affix scholar's
photo here

Guardian's Name

Address

Landline Number

Office Number

Mobile Number

E-mail ID

Mr. & Mrs. _____ parent of _____

who is in grade _____ has authorised me to be the local guardian till further notice

I/We will be responsible for any enquiry, special permission, any field trips and medical welfare of the scholar as well as the safety and development of _____

I/We will also undertake responsibility to accommodate him/her in case of any suspension from boarding.

Guardian's Name

Parent's Name

Signature

Signature

Date

Date

Please attach proof of ID i.e. relevant passport page or driving licence.

For Office Use Only

Date of receiving the form

Received by





Medical History Form

Name of the Scholar _____

Grade _____

Admission Number _____

Weight _____

Height _____

Blood Group _____

Important

We request you to be completely thorough in providing information requested below, to Nestling Nippers. Many scholars over the years have had a variety of medical and psychological difficulties which have not, in any way, interfered with their success at Nestling Nippers. However, for the scholar's own safety and health, the medical staff should be aware of such problems.

Please check every condition that applies to your ward and provide detailed information, including date of the condition, medication and current status of the condition. Use additional pages or support the document with medical reports, if necessary.

Has your ward ever suffered from?

1. Asthma/Wheezing

☐ No ☐ Yes

If yes, please give details _____

2. Bleeding Disorder

☐ No ☐ Yes

If yes, please give details _____

3. Diabetes

☐ No ☐ Yes

If yes, please give details _____

4. Epilepsy / Convulsions

☐ No ☐ Yes

If yes, please give details _____

5. Blood Pressure

☐ No ☐ Yes

If yes, please give details _____

6. Migraine / Headache

☐ No ☐ Yes

If yes, please give details _____

7. Syncope / Fainting

☐ No ☐ Yes

If yes, please give details _____

8. Heart Problem

☐ No ☐ Yes

If yes, please give details _____

9. Eye Problem

☐ No ☐ Yes

If yes, please give details _____



10. Hearing Problem

☐ No ☐ Yes

If yes, please give details _____

11. Ankle / Knee / Joint Problem

☐ No ☐ Yes

If yes, please give details _____

12. Frequent infections of

☐ No ☐ Yes

If yes, please give details _____

a. Ear

☐ No ☐ Yes

If yes, please give details _____

b. Throat / Tonsils

☐ No ☐ Yes

If yes, please give details _____

c. Sinuses

☐ No ☐ Yes

If yes, please give details _____

13. *Does your child have any special / restricted Dietary Needs?

☐ No ☐ Yes

(Please attach a photocopy of the Diet Chart)

14. Has your ward been hospitalized within the last 3 years?

☐ No ☐ Yes

If yes, please give details _____

15. Has your ward suffered from Typhoid / Jaundice in the last 3 years?

☐ No ☐ Yes

If yes, please give details _____

16. Has your ward been exposed to Tuberculosis in the last 3 years?

☐ No ☐ Yes

If yes, please give details _____

17. Is your child allergic to :

☐ No ☐ Yes

If yes, please give details _____

a. Bee Sting / Insect Bite

☐ No ☐ Yes

If yes, please give details _____

b. Any Medicine

☐ No ☐ Yes

If yes, please give details _____

c. Food Item

☐ No ☐ Yes

If yes, please give details _____

***Any other :** _____



18. Can the following medications be given to your ward, in case of an emergency :

a. Paracetamol / Crocin

☐ No ☐ Yes

If yes, please give details _____

b. Anti-Histamine / Anti-Allergic

☐ No ☐ Yes

If yes, please give details _____

c. Antacids / Digene

☐ No ☐ Yes

If yes, please give details _____

d. Non-steroidal anti-inflammatory

☐ No ☐ Yes

If yes, please give details _____

e. Any injections (only in case of an emergency)

☐ No ☐ Yes

If yes, please give details _____

19. Does your ward require Glasses or Contact lenses?

☐ No ☐ Yes

If yes, please give details _____

20. Has your ward been immunised as per the schedule?

☐ No ☐ Yes

(Please attach a photocopy of the immunisation Card)

21. Is your ward taking any medications?

☐ No ☐ Yes

(Please attach a photocopy of the Doctor's prescription)

Medical Certificate

This is to certify that I _____

have examined _____

of Grade _____ Age _____

and found that he/she is not suffering from any chronic / contagious disease.

Doctor's Signature

(Name & Stamp with Regn. No.)

Note:

This certificate has to be signed by Regd. MBBS Doctor.

For Office Use Only

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Special Notes (विशेष टिप्पणी)





Let Us Join Hands To Give Flight To Their Wings...

Sector-3, Vasundhara, Ghaziabad, U.P.
E-mail : nestlingnippers@hotmail.com
Website : www.nestlingnippers.in

School Transport & Declaration Form

Affix scholar's
photo here

Name of the Scholar

Grade

Admission Number

Facility opted for

☐

Day

☐

Extended Day

Subsequent to my wards admission to Nestling Nippers, I _____
request the school, that my child _____ of grade _____
may please be allowed to avail the transport facility being provided by the school at the set routes.

Although, I understand that the school will provide full security and safety, exercising due diligences on carrying out the services, the school shall not be held responsible incase of any mishap. I also understand that the school reserves the right to alert/modify/restructure any route at any point of time in the interest of children and school, as well.

I agree to abide by all the rules and regulations laid down by the School Authorities.

Name of the parent

Address

Telephone Nos.

Date

Parent's Signature

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Route No. (Pick-up)

Bus Fee Paid

☐

No

☐

Yes

Route No. (Drop)

Facility paid for

☐

Day

☐

Extended Day

Transport Department Signature

Account's Department Signature

