



A. M. I. PUBLIC SCHOOL

Salawala

Ph. : 7895321606 Web : www.amipublicschool.com

ADMISSION FORM

To be Filled in Capital Letters Only

PHOTO

Name of the Child: _____

Date of birth: _____

Admission For Class: _____

Parent's/Guardian Name: _____

Contact No. (Landline): _____ (Mobile) _____

Other Details :

| Particulars | Father | Mother |
|--------------|--------|--------|
| Name | | |
| Occupation | | |
| Company Name | | |
| Mobile No. | | |
| Email Id: | | |

Correspondence Address: _____

Permanent Address: _____

Has the child attended any other School? Y/N.

If Yes, please specify: _____

Name of the School: _____

Class attended: _____

Mode of Transport : Own ☐ School Transport ☐ Any other ☐

(Parent's/Guardian Signature)

For Office Use Only

Child Name: _____ Class: _____

Tuition Fees: _____ + Transport Fees _____ = _____

Date: _____

Admin Signature