

Training the leaders of Tomorrow...



# TREASURE iLAND INTERNATIONAL SCHOOL

H u n t s   y o u r   p o t e n t i a l

4/209, Mavadikkal Thoppu, Viswanathapuram - 627 810. SHENCOTTAI.

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Website: www.treasureilandschool.com | Email : treasureilandschool@gmail.com

No.

## ADMISSION FORM 20.....

### Applicant's details

Please use capitals

Name

Gender

M  F

Date of birth

Category

Religion

Caste

Nationality

Class applied for

Home address

Phone(s)

Affix a recent  
colour photo  
of the  
applicant

### Parent's details

Mother's Name

Father's Name

Occupation / Designation

Occupation / Designation

Organisation

Organisation

Phone(s)

Phone(s)

Mobile

Mobile

email

email

### Alternate contacts

Name

Name

Phone

Phone

Relation

Relation

Date of Issue

### Additional Information: Student Details

Blood Group  Height (cm)  Weight (kg)

Previous School Studied :

Board of Study:  Matric  State  CBSE  Anglo-Indian  ICSE  IGCSE  Other Board

EMIS Number (Mandatory)

AADHAAR No. (Mandatory)

Mobile Number for SMS update

### Siblings [Brother(s)& Sister(s)]Detail. Studying in Treasure Iland

|    | Name                 | Class                | School Branch        | Relationship         |
|----|----------------------|----------------------|----------------------|----------------------|
| 1. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

### Language(s) spoken at home

1.

2.

3.

### General Medical Report of the candidate: (Please enclose supporting documents)

Special Health Concern:  Trauma  Affliction  Allergy  Wheezing  Others

(Specify if any) \_\_\_\_\_

Doctor(s) to be contacted in emergency

Name:

Contact No.

### Additional facility

Transport facility required

Yes

No

Distance from School to residence

km

If yes, specify the boarding point and place

NEET / IIT-Jee Foundation Course

Required

Not required

(from Grade VI only)

### Co-Curricular / Extra Curricular Activities

Representation in Sports (Level) (if any)  National  State  Divisional  District  Zonal  School

Representation in Scholastic  National  State  Divisional  District  Zonal  School

Special talents possessed (specify if any) \_\_\_\_\_

### Extra Curricular Activity / Co-Curricular Activity (to understand preference)

Yoga

Abacus

Karate / Silambam / Boxing

Classical Dance

Western Dance

Skating

Drawing

Hindi (Paricktshai)

Vocal Music

Archery

Art & Craft

Chess

Please take your time to answer these questions.

Q1. What kind of an adult do you wish your child to be?

.....  
.....  
.....

Q2. What values do you think are the most important to inculcate in a child?

.....  
.....  
.....

Q3. Tell us some of the things you do together as a family

.....  
.....  
.....

Q4. What are you seeking from Treasure island for your child?

.....  
.....  
.....

Q5. Tell us few things that your child loves doing?

.....  
.....  
.....

**Important documents to be attached to the application form**

- 1. Five passport size photographs of the child.
- 2. Copy of birth certificate and transfer certificate

**Acknowledgments**

- 1. I have read and understood the terms and conditions of the admission process and agree to abide by them.
- 2. We consent for our child to be administered first aid / to call on medical advice as deemed fit by the school in an emergency.

Date

Mother

Father

(Signature of parents)

For office use only

Admission no.

Class

Date of joining

Section

## Declaration

I / We declare

- a) that the details furnished above are correct and true to the best of my / our knowledge and belief,
- b) that I / we will not approach the school or the trust for any alteration specially in the date of birth and community in the future,
- c) that my / our child is physically and mentally fit and strong to cope with the rules and regulations, systems and the curriculum of the school,
- d) that the school is not responsible for my/our child's leaving from the school or campus intentionally without anybody's notice or permission or personal guidance and for any kind of incidents or accidents in and off the campus,
- e) that I / we understand and agree that in the case of single parent the school is legally liable only to the legal parent or guardian administered by the court in any case,
- f) that I / we agree to abide by the rules and regulations existing and in force and the rules and regulations that may be enforced from time to time by the school and the trust,
- g) and that I / we authorize my / our signature in accordance with the above declaration from point a) to f).

Signature of the Father

Date:

Signature of the Mother

Date:

Signature of the Guardian

Date:

## To be filled by the Department of Accounts

Admitted in class

Admission Number

Date of admission

Signature of the Accountant

## Submission of Certificates/ Statements / Report /other Documents

| S.No. | Document  | Submitted                |                          |
|-------|---|--------------------------|--------------------------|
|       |   | Yes                      | No                       |
| 1.    | Transfer Certificate (Original with EMIS Number)          | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.    | Statement of Marks / Progress Card or Report (Photocopy)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.    | Photocopy of Birth Certificate (Mandatory for KG Classes) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.    | Any other enclosures (specify if any)                     | <input type="checkbox"/> | <input type="checkbox"/> |

Admitted in Std./ Grade \_\_\_\_\_

Principal's Signature