

ADMISSION FORM (2026-27)

G.R. No.
 Applying for Class.Session.....
 Date of Submission.
 Date of Admission.

Affix
 recent colored
 photograph
Candidate
 size 3.5cm x 4.5cm

Affix
 recent colored
 photograph
Family
 size 3.5cm x 4.5cm



Please complete all sections of this FORM in BLOCK LETTERS

CANDIDATE' S Details

Name of Candidate.
 Gender.*Date of Birth. Age (As on 31.03.2026)
 *Aadhar Card No.....*PEN No.....
 *Residential Address.
 Nationality. Language Spoken at home.

PARENT'S Details : FATHER

Name.Occupation.
 Qualification.Annual Income.
 *Aadhar Card No.....
 *Permanent Address.
 Email ID.Whatsapp No..

MOTHER

Name.Occupation.....
 Qualification.Annual Income.
 *Aadhar Card No.....
 *Permanent Address.
 Email ID. Whatsapp No.

N.B. You are required to kindly inform us if any of the details above change subsequently, It is our intention to communicate in written

Details of Previous School

Name of School.
 UDISE No. (School)
 *Class attended. Year.

Details of Siblings

S.No.	Name	Class	School
.....
.....

EMERGENCY Contact:



Guardian Emergency Contact:

Name:

Home Phone:

Work Phone:

Relationship with Child:

*Residential Address:

.....

.....

EMERGENCY RELEASE (Parent's Concern)

Consent to Emergency First Aid and Transportation

I hereby give permission that my child,..... may be given emergency treatment by staff at Tarbiyyah World School. I also give permission that my child may be transported by car, ambulance to emergency centre for treatment and agree to hold the school and her employees harmless/unaccountable.

Left Thumb Impression

Parent's Signature: Date:

Name:

In the event that I cannot be contacted immediately, basic medical treatment can be administered to my child in the case of emergency, as prescribed by a treating Physician, and hold the school and her employees harmless/unaccountable.

Left Thumb Impression

Parent's Signature: Date:

Name:

Emergency Information:

Child's Name: Date of Birth: Age in Year

Name of Child's Doctor: Phone:

*Blood Group:

Food Allergies:

Any other Allergies:

*Any special Health condition(s):