



**SCS PRESCHOOL**  
THE FUTURE IS BRIGHT

# SCS Preschool

(A unit of Karnataka Educational and Charitable Trust, Mangaluru)



Next to Sorake Builders, Bikarnakatte Main Road, Mangaluru - 575 005

Email: [scspreschool2018@gmail.com](mailto:scspreschool2018@gmail.com) | Phone: **0824 - 2212582, 9035533453**

## ADMISSION FORM

APPLICATION  
NO.

**Admission to**

(Tick Applicable)

**PLAY GROUP**

**NURSERY**

**LKG**

**UKG**

**CHILD'S NAME** \_\_\_\_\_

**NAME USED AT HOME** \_\_\_\_\_

**DOB** \_\_\_\_\_

**GENDER** \_\_\_\_\_

**BLOOD GROUP** \_\_\_\_\_

**FATHER'S NAME** \_\_\_\_\_

**MOB NO.** \_\_\_\_\_

**WORKING AT** \_\_\_\_\_

**TEL. NO.** \_\_\_\_\_



**MOTHER'S NAME** \_\_\_\_\_

**MOB NO.** \_\_\_\_\_

**WORKING AT** \_\_\_\_\_

**TEL. NO.** \_\_\_\_\_



**SIBLING'S NAME** \_\_\_\_\_

**AGE** \_\_\_\_\_

**AGE** \_\_\_\_\_

**RESIDENTIAL ADDRESS** \_\_\_\_\_

**TEL. NO.** \_\_\_\_\_

**MOTHER TONGUE** \_\_\_\_\_

**ANY OTHER LANGUAGES SPOKEN BY THE CHILD** \_\_\_\_\_

**MEDICAL HISTORY / ALLERGIES**

ANY ALLERGIES KINDLY MENTION \_\_\_\_\_

ANY MEDICINE TAKEN REGULARLY?  YES  NO

IF YES, MENTION THE NAME OF THE MEDICINE \_\_\_\_\_

\_\_\_\_\_

DOCTOR OF PREFERENCE \_\_\_\_\_

TEL NO. \_\_\_\_\_ PLACE \_\_\_\_\_

\_\_\_\_\_

IN THE CASE OF EMERGENCY, PLEASE IDENTIFY AN INDIVIDUAL, WHOM YOU WISH THAT WE CONTACT

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ MOB.NO. \_\_\_\_\_

In the event of any emergency when we are not available we authorize the administration of any medical procedure deemed necessary by my doctor or if unavailable by the physician selected by the caregivers of the Pre School.

DATE: \_\_\_\_\_

PLACE: \_\_\_\_\_

**SIGNATURE OF  
PARENT / GUARDIAN**

**P.S.:** COPY OF BIRTH CERTIFICATE & IMMUNISATION CARD TO BE SUBMITTED ALONG WITH 4 PASSPORT SIZE PHOTOS

