



Are there any special needs of your ward (please specify)

Local Contact Numbers (if any):

I hereby declare that the information given above is true to the best of my knowledge and belief.
I further declare that I have read the rules of the school and agree to abide by them.

Signature of Father

Signature of Mother

FOR OFFICE USE ONLY

Date of Admission: _____ House: _____

Dorm No.: _____ Room No.: _____

Admission Coordinator's Remarks

Date:

Signature:

Headmaster's Remarks:

Signature of the Headmaster:

ADMISSION FORM



SelaQui



SelaQui International School

Chakrata Road
Near Pharma City, Selaqui
Dehradun, Uttarakhand-248011
INDIA
Phone: 91-135-3051000
Fax: 91-135-3051399
Website: www.selaqui.org

Recent
Passport size
photograph
of the Student
(Don't staple)

STUDENT PROFILE

Registration No:
(To be filled by the office) Class Applied for: Year:

Name of Student:
First Middle Last

Date of Birth: D D M M Y Y Y Y Place of Birth: _____

Gender: _____ Mother Tongue: _____

School Presently Attending: _____

School Address: _____

City: _____ Pin: State: _____

HEALTH PROFILE

Allergy/Chronic Ailment (if any): _____
(Overseas students are those, holding a non-Indian passport/nationality/citizenship)

Physical Disability (if any): _____

Any other health problem: _____

Previous medical history (please specify): _____

PARENTS PROFILE

Father's Name:
First Middle Last

Mother's Name:
First Middle Last

Residential Status: _____

Occupation: _____ Annual Income: _____ (Father's)

Occupation: _____ Annual Income: _____ (Mother's)

Present Address: _____

Town/City: _____ State: _____

Pin: Country: _____

Address of Communication: _____

Town/City: _____ State: _____

Pin: Country: _____

Email ID: _____ Phone Numbers: _____

Please mention your child's Strength/Weakness

Strengths

Weaknesses

LOCAL GUARDIAN'S PROFILE

Name:
First Middle Last

Address: _____

Town/City: _____ Pin:

Email ID: _____ Phone Numbers: _____