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BUSY ANTS MONTESSORI - APPLICATION FORM

Form No.											Reg	istratior	ı No.						
Personal Pro	ofile																		
Name of the	candida	te:																	
Date of birth:					Place of birth:														
Address:																			
Religion:							Gende	r:	Male	е	Fe	emale [
Parent Info	rmation																		
Mother																			
Educational Qualification:					Occupation:														
Email:																			
Mobile:						Res	•							Off:					
Father:																			
Educational	Qualific	ation:									Occ	cupation	1:						
Email:																			
Mobile:						Res								Off:					
Admission S Toddler: Sess	_	_			To	oddler	Sessio	n: 11 3	30 am -	- 1 15	nm _	Pre	eschoo	ol· Ses	sion· 9	30 an	n - 12	30 pm	
Admission S Toddler: Sess	ought i	n Busy	Ants 3	3								_							
Toddler: Sess	51011: 9.0	u aiii -	11.00	alli _		Judiei:	Sessio	11: 11.	ID alli	- 1.15	piii	PIG	escrioc	JI: 568	51011. 9	1.00 an	1 - 12.	00 pm	
Safety and	_																		
			Occupation:																
Res:																			
Address:											1		1						
Child accon	npanied	by:					Maid		Driv	er	В	oth			Pare	nt			
Name of Atte	endant:						Mobile	No:											
Name of driv	/er:						Mobile	No:							Car r	10:			

Medical Profile				
Name of family physician:		Mobile	e No:	
Address:				
Blood group		Has the child taken all vaccine	es?	
Is the child allergic to any fo	ood items:			
Does the child carry his/her	own water and snacks:			
Documents to be Submitte	red			
Birth Certificate	Transfer Certificate	Medical Certificate (including blo	lood group) Photographs (3 nos.)	
School Policy				
 Parents must drop off and right to send back a child v 		ordance with the school timings m	nentioned in the form. The school reserves t	he
	ght to withdraw any child from e program or affects the safety		parent, or child's guardian is acting in a mann	ıer
_		al of an changes in the child's home dication, etc.) which might affect th	e life (such as a new baby, a death in the fam the behavior of the child.	ily,
			a certified doctor, when the student returns	to
	unny nose that is not clear, dia uardians will be called to colle		ust stay home. If these symptoms are appare	ent
	ty in the school is given specia while the child is in school pre		does not take responsibility for any unforese	en
 If the fees are not paid by t 	the 2nd month of the quarter,	the school has the right to remove	e the name of the child from the school regis	ter
<i>y</i> .	behaves in an unruly or rude r child from the school register		he staff, the school has the right to remove t	he
 No Admission fee or Tuition the school. 	fee will be refunded, if the ch	nild is removed by the school or the	e parent decides to withdraw his/her child fro	mc
Undertaking:				
1. I have read the above sch	ool policy document and I agr	ree to abide by the clauses stated t	there in.	
_			ne, even after the child has been admitted, it dmission without any refund whatsoever.	is
Signature of the father:	Sig	nature of the mother:	Date:	
For Office Use Only				
Child admitted to:		For the session:		
Date of admission:		Signature of the school author	ority with seal:	