



ADMISSION FORM
SUMMERHILL INTERNATIONAL SCHOOL
 59/24 Canal Road
 Rajpur Road, Dehradun 248001
 Email: summerhillinternationalschools@gmail.com
 Ph: 9412059178/9528323747

Reg.No. Class applied for Year

Name of the child:.....Surname:

Male: Female: Date of birth:.....

Mother Tongue :.....School presently attending :.....

CityState.....Nationality : Indian NRI

Address:.....

Siblings:.....

Mother's Name :.....

Mother's Occupation :.....

Contact No.:

--	--	--	--	--	--	--	--	--	--

Father's Name :

Father's Occupation :.....

Contact No .

--	--	--	--	--	--	--	--	--	--

Person authorized to pick up your child from school. Kindly submit two photographs of the person:

Name :.....Relationship:.....

Contact No

--	--	--	--	--	--	--	--	--	--

Date of admission d/m/y :.....(For office use)

Child's Health Information

Name of the child: _____

Blood Group: _____

Child's immunization record attached: Yes/No

Does your child have any Medical/Physical/Speech complaint: Yes/No (if 'yes', please specify below)

Any specific activities to be limited: _____

Any current medication/medical treatment: _____

Additional comments/information which would be helpful to our management:

Permission and Emergency Authorization

_____ has my permission to attend Summerhill International School. He/ She is permitted to attend special events on or away from the school's property. In the event of a medical emergency, if he/she cannot be reached, I/we give my/our permission to the school staff to get my/our child attended to by a qualified medical practitioner and secure proper emergency care.

Parent/Guardian

Date

The school will require the following to process the admission procedure for your child:

1. Your child's date of birth certificate (photocopy)
2. 2 passport size photographs of your child.
3. 2 copies of parent's passport size photographs.
4. 2 photographs of any person authorized by you to pick up your child from school.