PARTNERS IN EDUCATION



			International
	Person filling the form:		Name of Student:
1.	. What do you feel are the strengths of your child	d? (talent, hobbies, interests)	
2.	2. What do you feel are your child's weak areas?	Any particular concerns about the chi	ld's progress at school?
3.	How do you think your child learns best?		
4.	Please describe the educational skills that your	child practices at home regularly (e.g	reading, arts, computer, sports).
5.	i. Does your child have any learning or behavioral	difficulties that are of concern to you o	or other family members? If so, please describe them.
6.	i. Is your child an independent learner?		
7.	7. Does you child have any particular fears? If so,	please describe.	
8.	B. How does your child usually react when upset a		ior?
9.	What are your aspirations for your child at Glea	ndale Academy?	
10	0. What are the basic health/hygiene measures you	ı emphasize at home on a daily basis v	vith your child? what does he/she do on his/her own?
11.	1. What are your expectations from Glendale?		
Gl	Glendale Academy International. I promise to keep ully benefit my child to his/her potential.	up to date with the progress of my chil	tand and promise to abide by the rule/regulations of ld at school and join in partnership with the school to
	Parent's Signature	Teacher's Signature	Principal's Signature

REGISTRATIO	LENDALE ACADEMY Cearning of Enrichmon Onternational ON / ADMISSION NT INFORMATION	N FORM	Affix recent passport size Photograph of the Child
Full Name	(BLOCK LETTERS) Last	Alias (if any)	M/F
Permanent Address			
Date of Birth DATE MONTH YEAR	Age as on June	1st 20 [MONTHS DAYS
Religion/Caste	Nationality	Passport No	0
Languages Spoken at Home 1.	Others: 2	3	
2. Third Language Grades VI Grades VI Would the student avail school transport facility? Yes / No		u / Urdu / French ı / Urdu /French / Sanskrit / S	•
Father		Mother	
Academic Qualifications Occupation Company Name & Address Designation	Affix recent passport size Photograph of Father		
Residential Address			
Mobile NoOther: E-mail Official E-mail	Affix recent passport size Photograph of Mother		

4

MEDICAL INFORMATION						
Blood Group Allerg	ies and Medical Ailments	s (if any)				
Certificate of Health / Blood Group Report	/ Copy of Immunization	Record must be submitte	ed at the time of admission			
	PREVIOUS EDUCATION					
Name of the School	Location	Completed upto which class	Month & Year of Passing	Overall Percentage		
Reasons for Leaving School						
	QUESTIONS	FOR PARENTS				
1. What are your child's strengths in acade	mics?					
2. What are the areas needing special atten						
3. What is it that you desire most for your	child?					
4. As a parent, if you were to volunteer you	nr time and talent, in what	way would you augmen	t school life at Glendale A	cademy?		
5. Any sibling from the family studying at	Glendale Academy?					
6. Have you applied at any other school? (Yes/No) If yes, please spe	cify which ones:				
7. Childs hobbies, special interests, talents:						
PERSON T	O BE CONTACTE	ED IN CASE OF E	MERGENCY			
Contact Person		Address		Phone		
	<u> </u>					
PARENT DECLARATION						
We, hereby declare that the information provided on this form is correct.						
We understand that the school, on accepting the registration form of our ward, is not bound to grant admission. If admission is granted, we promise to abide by the rules and regulations of the school.						
	 Mother	's Signature	Father's	Signature		

	FOR OFFICE USE ONLY		
Date of Registration	Remarks		
	Remarks		
	Remarks		
Date of Admission	Admitted in Class		
	Entries Made		
Admission Register	Attendance Register		
Caution Deposit Register	Address Index Card		
Admission No.	Emergency Card		
	Documents Received		
Copy of the Birth Certi	Affix recent passport size Photograph of the Child Transfer Certificate Copy of Immunization Record Class at the time of Leaving Affix recent passport size Photograph of the Child Class at the time of Leaving Certificate of Health Affix recent passport size Photograph of the Child		

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SCHOOL TRANSPORT APPLICATION FORM



*PLEASE READ THE NOTES GIVEN BELOW BEFORE COMPLETING THIS FORM IN BLOCK LETTERS:

Name of the Student	Class:	Section:
Full Postal Address		
	Postcode	2
Father's Name:	Mother's Name:	
Mobile#:	Mobile#:	
Emergency Contact Name	Emergency Contact#	
Date when Transport is to commence / /	Pick-up Point	

- 1. A separate form should be filled for each child.
- 2. The transport application for the child specified will remain valid for the child's entire attendance at the school in question. A further application will only have to be made if there is a change of residential address.
- 3. Completed form must be returned without delay to the school office.
- 4. Please note that in some instances it can take at least 2 working days to process an application form.
- 5. Transport passes are normally issued on the first day of the session. The pass must be returned to the school office if the pupil either ceases to travel or leaves the school.
- 6. Any queries about entitlement to transport should be made to the Transport incharge.

Conditions:

- > Students should be at the pickup point 5 minutes before the given time. So also in the evening please be at the drop point 5 minutes before the scheduled time.
- > Students of LKG to Class IV will be handed over only to authorised persons carrying the pick up permit card. In case parents/guardians/authorised persons are not there to surprise and take the child back home during the drop time, the child will be brought either to the school campus or City Office 7th Floor. Babukhan Millennium Centre, Somajiguda, Off Raj Bhavan Road, Hyderabad and it will be the parent's responsibility to collect the child on their own from the addresses as mentioned above
- > Students of classes V and above will be dropped off at their points even if there is no one to receive them.
- > Parents are responsible for supervising their children to/from their designated pick-up/drop point until they board or alight from the vehicle. This may involve crossing roads. School personnel will not assist children to crossroads.
- > Where as the running time is calculated to keep it to the minimum and it will be our endeavour to stick to the schedule, delays or diversions caused due to traffic congestions/road repairs will be inevitable.
- > If the residence of the child is inside the by-lanes where the school bus cannot pass, it is the responsibility of the parent to bring the child to the pick-up/drop point and avail the transport facility.
- > Neither the bus driver nor the bus security will be responsible to pick-up/drop the child at the door step of the childs residence.
- > Parents need to follow the time-table given by the transport authority and be available at the pick-up/drop point to supervise the child. In case of any delay the bus will not wait and the transport of the child to the school will be the responsibility of the parent.
- > Students are not allowed to change their pickup/drop points temporarily for any reason.
- Should the residence address change mid-year please note that transport facility can continue only for the existing points. No new points /routes will be created.
- > It should be noted that in cases of extreme or persistent misbehavior, the School Authorities reserve the right to suspend transport facilities. School transport arrangements will then become the responsibility of the parents.

In applying for transport I accept and agree to the conditions stated above:

Parent's Signature Date: