

**FAMILY DETAILS**

FATHER'S NAME

MOBILE #

MOTHER'S NAME

MOBILE #

HOME ADDRESS / LOCALITY

EMAIL

CHILD'S NAME	M / F	DATE OF BIRTH*	TO ADMIT IN CLASS	CURRENTLY STUDYING IN CLASS & SCHOOL	AADHAAR NO	PEN NUMBER

\*NOTE: For admission in Nursery, a child must be 3y; for PPI 4y; for PP2 5y; for C10 15y, as on 30 June of the academic year in which admission is sought.

IN WHICH CAMPUS DO YOU SEEK ADMISSION?	<input type="checkbox"/> DARUSHIFA (IB MYP)	<input type="checkbox"/> NOORKHAN BAZAR (IB PYP)	<input type="checkbox"/> PURANI HAVELI (MONTESSORI & SCERT)
PLEASE EXPLAIN THE REASONS FOR YOUR PREFERENCE OF CAMPUS.			
HOW DID YOU HEAR ABOUT US?	SOCIAL MEDIA <input type="checkbox"/> INSTAGRAM <input type="checkbox"/> FACEBOOK <input type="checkbox"/> YOUTUBE <input type="checkbox"/> WHATSAPP <input type="checkbox"/> GOOGLE		
	HUMAN SOURCE <input type="checkbox"/> SCHOOL STAFF <input type="checkbox"/> SCHOOL PARENT <input type="checkbox"/> FAMILY MEMBER <input type="checkbox"/> FRIENDS		
	OTHER SOURCE <input type="checkbox"/> HOARDING <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> SCHOOL'S WEBSITE <input type="checkbox"/> DIRECT WALK-N		

FOR OFFICE USE | RECEIVED BY:

RECEIVED ON:

<input type="checkbox"/> SIBLING OF FHS STUDENT, STUDENT ID:	<input type="checkbox"/> STAFF MEMBER'S CHILD	EMP ID :
<input type="checkbox"/> ALREADY STUDIED AT FHS?	CAMPUS:	STUDENT ID:
<input type="checkbox"/> PHYSICAL or <input type="checkbox"/> LEARNING DIFFICULTY	OPEN HOUSE	DATE:
REFERRAL BY:	MOB:	<input type="checkbox"/> STAFF MEMBER <input type="checkbox"/> PARENT
REFERRAL CODE:	APPLICATION NO:	
SIBLING'S APP NO:	VICE PRINCIPAL'S SIGNATURE:	

Enquiry doesn't guarantee admission. Admission is **strictly** based on the availability of seats.