



# APPLICATION FOR ADMISSION

(Academic Year

20\_\_\_\_ - 20\_\_\_\_)

## Valiants Academy

# 114/3 & 114/4, Of BM Kaval Village  
Kengeri Hobli, Off Kanakapura Road, Bangalore-82

📞 78991 28787 | 72595 90409

✉️ office@valiantsacademy.org 🌐 www.valiantsacademy.org

Kindly affix a recent  
passport size photograph  
of the student here.

We would like to take this opportunity to thank you for choosing Valiants Academy to be a part of your child's life. Our efforts will be to provide a complete learning environment where the child will feel secure and develop a love towards all his/her activities. Nurturing every child and allowing his/her inner potential to manifest will be our sole endeavor, thereby creating an integrated personality. Your support and understanding in the philosophy of Valiants Academy will be the key to our success.

### Please Note:

- (a) This form should be filled and submitted to the PRINCIPAL - VALIANTS ACADEMY, BANGALORE.
- (b) All information sought for, along with the photographs and documents required are to be submitted. Incomplete forms shall not be considered.
- (c) Submission of this form does not guarantee an interview call / admission.
- (d) Montessori Method of education will be strictly followed till 5th Standard, the philosophy will be continued at higher grades also. Seeking for admission at Valiants Academy, implies that the parents are well informed of the approach to education and are in total acceptance to the processes and principles laid down by the management.

### FOR OFFICE USE ONLY

Date \_\_\_\_\_

Gender

 M  F

Class of Admission

Application/ Registration Number:

### I. STUDENT INFORMATION

1. Name (in full capital letters as per Aadhar Card)

Student's First Name

Middle Name

Last Name

2. Mother Tongue

3. Familiar Languages

4. Date of Birth

5. Age

6. Gender

 M  F

7. Nationality

8. Gen/SC/ST/OBC

9. a. Class of Entry

9. b. Age (Please specify age as on 1st June in terms of years & months)

10. Child Aadhar Card No.

11. Any physical or learning disability:

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Information about Sibling/s (If applicable)

Name	Age	Gender	School
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>

Name	Age	Gender	School
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>

## II. STUDENT'S ACADEMIC HISTORY

*Particulars of previous schooling:*

Has your child been a part of Montessori Education? YES  No

Name of the School	Place	Standard	Date of Joining	Date of Leaving
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

How has Montessori education contributed to the development of your child?

1.
2.
3.

## III. STUDENT'S DETAILED INFORMATION

1. Could you provide details if your child has received any recognition based on his/her excellent performance or talent? If yes, please provide details.

Subject(s)/Talent(s):

2. Has your child ever skipped a grade? If yes, please provide details.

3. Kindly indicate which of the following are applicable to your child.

- |   |   |
|---|---|
| <input type="checkbox"/> is self motivated/ independent               | <input type="checkbox"/> follows directions accurately        |
| <input type="checkbox"/> completes tasks with little assistance       | <input type="checkbox"/> uses time efficiently                |
| <input type="checkbox"/> accepts responsibility                       | <input type="checkbox"/> accepts limits and rules             |
| <input type="checkbox"/> accepts consequences for his/her choice made | <input type="checkbox"/> follows group norms and social rules |
- is athletic in special areas (Please specify the areas):
- is artistic in special areas (Please specify the areas):

## IV. STUDENT'S HEALTH AND FOOD HABITS

1. Please provide information about any medical issues, which may have affected your child in the past.

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Is your child under any medication? YES  NO

If Yes, Please mention the name and dosage of the medication.

Name Dosage

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Is the child a vegetarian? YES  NO

## V. PARENTS/GUARDIAN INFORMATION

Father's First Name (as per Aadhar Card) Middle Name Last Name

Home Street Address

  
  

City

State

Zip

Email address

Home Phone #

Cell Phone #

Education/ Professional Qualifications: \_\_\_\_\_

Details of Colleges and Universities attended:

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Organization/Company

Designation

Work Phone #

Office Address

  
  

City

State

Zip

*Mother's First Name (as per Aadhar Card)*                      *Middle Name*                      *Last Name*

Home Street Address

  
  

City

State

Zip

Email Address

Home Phone #

Cell Phone #

Education/ Professional Qualifications: \_\_\_\_\_

Details of Colleges and Universities attended:

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Organization/Company

Designation

Work Phone #

Office Address

  
  

City

State

Zip

*Guardian's First Name*                      *Middle Name*                      *Last Name*

Home Street Address

  
  

City

State

Zip

Email Address

Home Phone #

Cell Phone #

Education/ Professional Qualifications: \_\_\_\_\_

Details of Colleges and Universities attended:

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Organization/Company

Designation

Work Phone #

Office Address

  
  

City

State

Zip

Gross Income

Father:

Mother:

Guardian (if applicable):

Applicant lives with: Mother and Father

Mother

Father

Guardian

For any reason, if the parents are separated or divorced, please mention, which parent currently has the legal custody of the child.

Father

Mother

If the parents are separated or divorced, request you to provide details with regards to visitation rights or any other rights according to the law.

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*(It is mandatory that both the parents sign the application form in case of divorce or separation)*

## VI. KNOWING THE PARENT

*(If required, use additional sheets for any of the questions)*

What are the qualities do you think are required for the child of tomorrow?

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What do you think is the role of parents in ensuring that the above qualities are developed in the child?

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What role do you think the school should play in nurturing the child?

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How do you think Valiants Academy will contribute to your child's future?

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Please share any additional information you feel might be useful for us.

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Parents's involvement and participation will help in alignment to the philosophy of Valiants and appreciate the method of education, ensuring a consistent environment to the child at home and at school.

(Please note: This will not have any bearing on the admission of the child and is only for the purpose of information)

Will you be able to participate in the school activities? Father(F)  YES  NO Mother(M)  YES  NO

If yes, please fill in the required information below:

1. Time that can be given per week: 2-5hrs  F  M 5-8hrs  F  M 8-12hrs  F  M More than 12hrs  F  M
2. Preferred days to work: Monday  F  M Tuesday  F  M Wednesday  F  M Thursday  F  M Friday  F  M
- Preferred time slots: 8.30AM - 11.30AM  F  M 12.30PM - 3.30PM  F  M

3. Area of academic expertise:

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*Father*

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*Mother*

4. Area of professional expertise:

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*Father*

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*Mother*

5. Area of interest to contribute:

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*Father*

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*Mother*

## VII. KNOWING YOUR CHILD

Mention at least 5 qualities that describe your child the best.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

What are your child's interests and how is it being encouraged?

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Your evaluation of the child's academic performance:

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## VIII. DOCUMENTS TO BE ENCLOSED ALONG WITH THE APPLICATION

- Copy of the birth certificate of the applicant
- Copy of the transfer certificate issued by the previous school with STS No. (If applicable)
- Copy of the latest transcripts/report cards issued by the previous school
- 3 Passport size photographs of the student & parents
- Copy of aadhar card of the student & parents  
*(Kindly ensure that all the names given in the application form are as per the aadhar only)*

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Name (Father)

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Name (Mother)

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Signature (Father)

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Signature (Mother)

Date : \_\_\_\_\_

Date : \_\_\_\_\_

Place: \_\_\_\_\_

Place: \_\_\_\_\_

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Name (Guardian, if applicable)

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Signature (Guardian, if applicable)

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Signature of the Principal

Date : \_\_\_\_\_

Place: \_\_\_\_\_