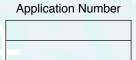


AH-43, Bypass Turari, Jhansi Road, Gwalior, (M.P.) - 474 001 INDIA Tel.: 0751-6055550, 6055554, 07773005091 Email: info@itmglobal.in, Website: www.itmglobal.in

Please affix a colour photo of your ward here



## **Application Form**

Nursery to IX (IGCSE) and XI (A/AS Level)

PLEASE PROVIDE ALL THE REQUIRED INFORMATION CORRECTLY USE CAPITAL LETTERS WHILE FILLING THE FORM.

## **Student Information**

Name :	Mid	dle Name	Lo	st Name
Date of Birth : Moi	Age :			SM ID
Place of Birth	Language Spoken at Home	Other Languages Spo	oken (if any)	Caste
Home Address:				
Tel. Nos.: (Office)  Please enter the Grade for which your child	(Resd.)	Fax:	Email:	A
Schooling History (if applica	ble)			
Present School		Previous School		
Address		Address		
Dates attended		Dates attended		
Grade (s)		Grade (s)		
Telephone		Telephone		
Language of instruction		Language of instruc	etion	

Family Information			
Father's Name :	First Name	Middle Name	Last Name
Home address :			
Tiome address			
Home telephone:	Fax:		Email:
Name of company/own venture a	and position:		
Traine of company/own voltare c	and poolsons		
Business address:			
Business/work place telephone:_	Fax:		Email:
Annual Income from all sources,	in INR ₹:		
Mother's Name :			
	First Name	Middle Name	Last Name
Home address :			
Home telephone:	Fax:		Email:
Name of company/awa venture	and position:		
maine of company/own venture a	and position.		
Business address:			
Business/work place telephone:_	Fax:		Email:
Annual Income from all sources,	in INR ₹·		
Aumaan moomo mom an oodroos,			
<b>Community Service activities</b>			
Are you member of any social organisation	on/NGO ? (please write details if a	nswer is Yes)	
Has your child ever been in a speech the	rapy program?	Yes	No
Has your child ever been identified as ha	ving a learning disability?	Yes	No
Has your child ever experienced social, e	emotional or behavioral difficulties?	Yes	No
Does your child have a physical disability			No
If "Yes", please describe and attach any	relevant information or test reports.		

Guardian's Name :					
	First Name Middle Name		Last Name		
Home address :					
Home telephone:	Fax:		Email:		
Name of company/own venture and posit	1011				
Business address:					
Business/work place telephone:	Fax:		Email:		
Annual Income from all sources, in INR ₹	·	<del></del>			
Names of Brothers and Sisters (Please	list from eldest to	youngest)			
Name	M/F	Birth date	School	Grade	
Why would you like to join ITM Global Sc	hool Gwalior?				
with would you like to join this Global Sc	nooi, Gwalloi :				
Extracurricular Activities:					
Please indicate your interest in music, drama,	art, elocution, debati	ng, sports and other o	curricular and extracurricular acti	vities.	
What sports would your ward like to play?	?				
Father's Signature	Mother's	s Signature	— Guardian's Sigr	nature	

## Parents - School Agreement

Date:\_

	Father's Signature Mother's Signature Guardian's Signature					
3.	. The decision of the school will be final in all matters as listed above.					
2.	The caution money shall be refunded only on producing the original receipt after the withdrawal process is completed which include clearance of all school dues.					
1.	. One month notice is required in case of withdrawal of our/my ward or fees in lieu thereof.					
W	Ve/I further understand and accept that:					
/.	<ol> <li>We/I accept that the decision of the school will be final in all matters as listed above.</li> </ol>					
7						
6.	We/I accept that changes intimated to us/me in circulars, calendar, almanacs, emails, etc shall be deemed to be sufficient notice a the changes would be binding thereafter.					
5.	We/I hereby give our consent to the Principal/Teacher–in–charge to act on the child's behalf, in loco parentis, should the need arise to their signature in a medical emergency or in any other unforeseen circumstance, which is beyond the control of the school.					
	of the school fees and other dues.					
4.	. We/I agree to fulfill all the financial responsibilities related to the education of our ward in a timely manner and assure prompt payme					
	school) are true and correct. We understand that the admission will only be confirmed when all supporting documents are receive the school and is liable to be cancelled if the requirements are not met.					
3.	. We/I assure the school that all the documents and statements submitted by us/me for the purpose of admission (as required by t					
	that the school cannot accept any liability for such unforeseen incidents which are beyond their control, and therefore indemnify to school for any loss or damage related to our/my ward- either to the person or property.					
	and activities outside school campus and provide hands on experience of the academic work done in school, to the students. The school takes utmost care to ensure safety and security of the students but at times accidents may occur. As parents and guardians we agr					
2.	We/I understand that Educational Field Trips and Excursions are an integral part of the school curriculum. These trips involve travelling					
1.	. We/I will abide by the school's established policies and procedures as decided by the Management from time to time.					
	Ve/I,, (Parents/Guradian) have read the expectations listed belond agree to adhere to these completely. Our/My signature/s below confirms our/my commitment to uphold the school in all such matter					
14/	(Perenta/Curedian) have read the expectations listed hal					

## **PROVISION OF SCHOOL SNACKS - FORM**

(Applicable for grade 6 onwards)

Student's Name		Grade	
I would like my ward to avail/not avail of	f the wholesome snacks faci	lity being provided by the school.	GLOBAL
Signature of the Parent:			TRULY GLOBALTRULY INDIAN
Name of the Parent:		Date:	
SCHOOL TRANSPORT RE	EQUISITION FORM		
I write to confirm that the school transpo	ort is required / not required f	or my ward	of
Grade Address		5 B.Co	
Residential Telephone No		Office Telephone No	
Emergency Telephone Numbers			
Any specific landmark near residence _			
I am aware that limited bus service of cancel the bus service partially or w			rve the right to re-route/ withdraw/
2. A student will be taken back to scho	ol when the authorized perso	on is not present to receive the stude	ent at the stop.
I appreciate that the school needs a to pay the fees in advance as per th		order for the bus to be financially viab	ole and hence make a commitment
<ol> <li>I confirm that if my ward uses the so find it necessary to determine from t</li> </ol>		abide by all the rules and regulation	ns that the School Authorities may
5. I understand that the management hence indemnify the school in case			dents in the school transport and
Signature of the Parent	D	ate:	
Name of the Parent		<del>RAI</del> .	
O#:			
Office use	S C H	U U L	
Bus Route	Bus Fee Slab (Rs.)	Date of Joining_	DIAK
Bus No : Stop :	I ULUDAL	IRULY IN	