



**ITM**  
**GLOBAL**  
**SCHOOL**  
 ...TRULY GLOBAL ...TRULY INDIAN

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 Number


## 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 : \_\_\_\_\_  

First Name
Middle Name
Last Name

Date of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Age : \_\_\_\_\_    Nationality \_\_\_\_\_    SSSM ID \_\_\_\_\_  

Day
Month
Year

\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  

Place of Birth
Language Spoken at Home
Other Languages Spoken (if any)
Caste

Home Address: \_\_\_\_\_

Tel. Nos.: (Office) \_\_\_\_\_ (Resd.) \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Please enter the Grade for which your child is applying \_\_\_\_\_

### Schooling History (if applicable)

Present School \_\_\_\_\_

Previous School \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Dates attended \_\_\_\_\_

Dates attended \_\_\_\_\_

Grade (s) \_\_\_\_\_

Grade (s) \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

Language of instruction \_\_\_\_\_

Language of instruction \_\_\_\_\_

**Family Information**

**Father's Name :** \_\_\_\_\_  
First Name Middle Name Last Name

Home address : \_\_\_\_\_

Home telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of company/own venture and position: \_\_\_\_\_

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/own venture and position: \_\_\_\_\_

Business address: \_\_\_\_\_

Business/work place telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Annual Income from all sources, in INR ₹: \_\_\_\_\_

**Community Service activities**

Are you member of any social organisation/NGO ? (please write details if answer is Yes)

Has your child ever been in a speech therapy program? Yes ..... No .....

Has your child ever been identified as having a learning disability? Yes ..... No .....

Has your child ever experienced social, emotional or behavioral difficulties? Yes ..... No .....

Does your child have a physical disability? Yes ..... 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 position: \_\_\_\_\_  
\_\_\_\_\_

Business address: \_\_\_\_\_

Business/work place telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Annual Income from all sources, in INR ₹: \_\_\_\_\_

**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 School, Gwalior? \_\_\_\_\_  
\_\_\_\_\_

**Extracurricular Activities:**

Please indicate your interest in music, drama, art, elocution, debating, sports and other curricular and extracurricular activities.

\_\_\_\_\_  
\_\_\_\_\_

What sports would your ward like to play? \_\_\_\_\_

\_\_\_\_\_  
Father's Signature Mother's Signature Guardian's Signature

## Parents – School Agreement

We/I, \_\_\_\_\_, (Parents/Guradian) have read the expectations listed below and agree to adhere to these completely. Our/My signature/s below confirms our/my commitment to uphold the school in all such matters.

1. We/I will abide by the school's established policies and procedures as decided by the Management from time to time.
2. We/I understand that Educational Field Trips and Excursions are an integral part of the school curriculum. These trips involve travelling 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 agree that the school cannot accept any liability for such unforeseen incidents which are beyond their control, and therefore indemnify the school for any loss or damage related to our/my ward- either to the person or property.
3. We/I assure the school that all the documents and statements submitted by us/me for the purpose of admission (as required by the school) are true and correct. We understand that the admission will only be confirmed when all supporting documents are received by the school and is liable to be cancelled if the requirements are not met.
4. We/I agree to fulfill all the financial responsibilities related to the education of our ward in a timely manner and assure prompt payment of the school fees and other dues.
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 for their signature in a medical emergency or in any other unforeseen circumstance, which is beyond the control of the school.
6. We/I accept that changes intimated to us/me in circulars, calendar, almanacs, emails, etc shall be deemed to be sufficient notice and the changes would be binding thereafter.
7. We/I accept that the decision of the school will be final in all matters as listed above.

### **We/I further understand and accept that:**

1. One month notice is required in case of withdrawal of our/my ward or fees in lieu thereof.
2. The caution money shall be refunded only on producing the original receipt after the withdrawal process is completed which includes clearance of all school dues.
3. The decision of the school will be final in all matters as listed above.

---

**Father's Signature**

---

**Mother's Signature**

---

**Guardian's Signature**

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

# PROVISION OF SCHOOL SNACKS - FORM

(Applicable for grade 6 onwards)



**IITM**  
**GLOBAL**  
SCHOOL

...TRULY GLOBAL ...TRULY INDIAN

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

I would like my ward to avail/not avail of the wholesome snacks facility being provided by the school.

Signature of the Parent: \_\_\_\_\_

Name of the Parent: \_\_\_\_\_

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

## SCHOOL TRANSPORT REQUISITION FORM

I write to confirm that the school transport is required / not required for my ward \_\_\_\_\_ of

Grade \_\_\_\_\_ Address \_\_\_\_\_

Residential Telephone No. \_\_\_\_\_ Office Telephone No. \_\_\_\_\_

Emergency Telephone Numbers \_\_\_\_\_, \_\_\_\_\_

Any specific landmark near residence \_\_\_\_\_

1. I am aware that limited bus service on certain routes may be provided and the School Authorities reserve the right to re-route/ withdraw/ cancel the bus service partially or wholly as and when considered necessary.
2. A student will be taken back to school when the authorized person is not present to receive the student at the stop.
3. I appreciate that the school needs a commitment from all users in order for the bus to be financially viable and hence make a commitment to pay the fees in advance as per the requirement.
4. I confirm that if my ward uses the school transport, I will agree to abide by all the rules and regulations that the School Authorities may find it necessary to determine from time to time.
5. I understand that the management has taken all possible measures to ensure the safety of the students in the school transport and hence indemnify the school in case of any unforeseen mishap which may result in injury to my ward.

Signature of the Parent \_\_\_\_\_ Date: \_\_\_\_\_

Name of the Parent \_\_\_\_\_

### Office use

Bus Route \_\_\_\_\_ Bus Fee Slab (Rs.) \_\_\_\_\_ Date of Joining \_\_\_\_\_

Bus No : \_\_\_\_\_ Stop : \_\_\_\_\_