



C.B.S.E. Affiliation No. 430133  
AAI RESIDENTIAL QUARTERS  
OPP. SVP INTERNATIONAL AIRPORT  
SARDARNAGAR, AHMEDABAD - 382475. GUJARAT  
Phone : 079-22864175 Email : school.airport@yahoo.co.in  
Web : www.airportschoolahm.in

## APPLICATION FORM

No. :

USE CAPITAL LETTERS ONLY

1 Name of the Child		Affix Passport Size Photograph
2 Father's Name		
3 Sex		
4 Class for which admission is sought :		
5 Elective subjects (for Std XI & XII) :		
6 Residential Address		
7 Telephone No.		
8 Place of Birth		
9 Date of Birth In Figures :		
In Words :		
10 Ordinal Position of the child :		
11 (a) Nationality : _____ (b) Religion _____ (c) Caste whether SC/ST _____		
12 Special Skills and Interests :		
13 Last School Attended		
14 Father's Full Name		
a. Educational Qualification		
b. Languages Known :		
c. Business / Service		
d. Details of Business		
e. Designation (if in service)		
f. Telephone No.		

a. Educational Qualification																
b. Languages Known :																
c. Business / Service / Housemaker																
d. Details of Business																
e. Designation (if in service)																
f. Official Address																
g. Telephone No.																
16 Monthly Income of parents																
17 Guardian's Full Name																
17(a) Contact No :																
18 Details about brothers / sisters studying in Airport school :																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Full Name</th> <th style="width: 30%;">School</th> <th style="width: 20%;">Medium</th> <th style="width: 20%;">Class</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Full Name	School	Medium	Class												
Full Name	School	Medium	Class													
<p>We certify that all information stated by us in this form, to the best of our knowledge, is correct and we agree that in case if any information is found incorrect after admission of our child, the institution at its discretion can cancel the admission and we shall not take any objection in any manner whatsoever.</p> <p>We assure you that our child is physically and mentally normal, we shall hereby observe the rules, regulations and discipline of the school.</p>																
<p>Date _____</p> <p style="text-align: center;"> <span style="margin-right: 100px;">(Father's Sign)</span> <span style="margin-right: 100px;">(Mother's Sign)</span> <span>(Guardian's Sign)</span> </p>																

For Office Use

Admitted	<input type="checkbox"/>	Medical Certificate	<input type="checkbox"/>
Photograph of the student	<input type="checkbox"/>	Transfer Certificate	<input type="checkbox"/>
Birth Certificate	<input type="checkbox"/>	Previous Year's Report Card	<input type="checkbox"/>
Date of Admission	_____	Amount of fees Paid	_____
Fee Receipt No.	_____	Admission No.	_____
Admission Incharge			Principal