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ADMISSION APPLICATION FORM

1. Name of the child (as per passport)
2. Date of Birth..... Gender (Male/Female)
3. Child's Passport Number
4. Child's Green Book Number (For Tibetans)
5. Present Class/Grade
6. Name of the Previous School
7. Admission Requested in Sambhota Tibetan School,.....
8. Class/Grade in which admission is requested Duration
9. Parent's Name: Mr./Mrs.
10. Parent's Passport No.
11. Parent's Green Book no. (For Tibetans)
12. Address
13. Email Address Contact No.....

Child's Tibetan Language Proficiency: (Please tick)

- a) **Speaking** - Very good / Good / Need improvement
- b) **Reading** - Very good / Good / Need improvement
- c) **Writing** - Very good / Good / Need improvement

Special Information:

- a) Current medication, if any
- b) Allergies, if any
- c) Dietary restriction, if any

Signature of Parents Date: ____/____/____

Documents to be attached along with the application:

1. Copy of the child and parents' passport
2. Copy of child and parents' Green Book with updated paid receipt. (For Tibetans)
3. Copy of child's Birth certificate
4. Copy of child's grade card/certificate
5. Medical Fitness certificate issued by a registered Doctor
6. Copy of medical case history/ immunization/etc. (Optional)

PARENTS' UNDERTAKING

I/We Mr. and Mrs.resident of
..... country

acknowledge that the Sambhota Tibetan School will ensure utmost care of my child's academic growth and well-being. However, I/We will take full responsibility in the event of any unforeseen circumstance.

I/We, hereby authorize the School and Sambhota Tibetan Schools Society to take necessary measures and medical treatment/care to my child, if required.

Date: ____/____/____

Signature of Parents

AUTHORIZATION LETTER FOR LOCAL GUARDIAN

I/We Mr. and Mrs.resident of
..... country

authorize the following person as local guardian of my child during his/her stay in the school. The school may contact them for any urgent or important issues related to my child where connecting to parents or parent's physical involvement is not possible.

1. Mr./Mrs.resident of

.....
Relationship with the child

Phone no. **i)** **ii)**

2. Mr./Mrs.resident of

.....
Relationship with the child

Phone no. **i)** **ii)**

Signature of the Parents: Signature of the Local guardian:

Date: ____/____/____