

WEST WIND SCHOOL APPLICATION FORM

FOR OFFICE USE ONLY

Registration No: _____ Form No: _____ Date: _____

Class Eligible for: _____ Date & Time of Interview: _____

Please ensure all the required information is filled accurately in capital letters.

THE FORM SHOULD BE FILLED BY THE MOTHER IN HER HANDWRITING

MOTHER'S
PHOTOGRAPH

FATHER'S
PHOTOGRAPH

RECENT
PHOTOGRAPH
OF CHILD

(A) CHILD INFORMATION

Name: _____
(First) (Middle) (Last)

Date of Birth: ____ / ____ / ____ Gender (M/F): _____
DD MM YY

Birthplace: _____ Nationality: _____

Language spoken at home: _____

Other languages spoken: _____

Residence Address: _____

Residence Telephone Number(s): _____

Current School: _____

Other play schools / nurseries attended: _____

Is your child a preference at any high school? _____

Which High Schools have you registered at or plan to register at?

School: _____ Year of eligibility _____

School: _____ Year of eligibility _____

School: _____ Year of eligibility _____

- (1) General Health Condition: Good Average Poor
- (2) Weight at Birth:
- (3) Delivery of the child: Normal Premature By surgery
- (4) Age by which speech developed:
- (5) Any early feeding problems?
- (6) Age of walking alone:
- (7) What children's diseases has the child had?
- (8) Any extended illness, serious accidents or operations?
- (9) Is the child subject to colds/nose bleeds/other chronic ailments?
- (10) Is the child prone to any allergies?
- (11) Is his/her appetite normal?
- (12) How many hours of sleep does he/she get?
- (13) What behavioural difficulties have you faced with your child?
- (14) Has his/her development been slow in any way?
- (15) Have you ever sought any remedial help?
- (16) Relation with others his/her own age:
☐ Sociable ☐ Reserved ☐ Mixed ☐ Bold ☐ Moody
- (17) Habits:
☐ Nail biting ☐ Thumb sucking ☐ Bed wetting ☐ Aggressive behaviour
- (18) Relation with other brothers/sisters:
☐ Demanding ☐ Co-operative ☐ Yielding
- (19) Any special interests / inclinations observed in the child?
- (20) Which additional classes does your child attend? Please state frequency of each class

(B) PEDIATRICIAN'S NAME, ADDRESS & TELEPHONE NO(S)

(C) FAMILY INFORMATION

Are both parents alive: _____ Do you live in a nuclear or joint family: _____

No. of family members: _____ Position of child in family: _____

MOTHER'S NAME: _____

Date of Birth: _____ / _____ / _____ Email: _____
DD MM YY

School: _____

College: _____ Degree acquired: _____

College: _____ Degree acquired: _____

Profession: _____ Designation: _____

Name & Address of Organization: _____

Business Telephone: _____ Mobile: _____

Other Interests: _____

FATHER'S NAME: _____

Date of Birth: _____ / _____ / _____ Email: _____
DD MM YY

School: _____

College: _____ Degree acquired: _____

College: _____ Degree acquired: _____

Profession: _____ Designation: _____

Name & Address of Organization: _____

Business Telephone: _____ Mobile: _____

Other Interests: _____

(D) SIBLING INFORMATION

Name: _____ Age: _____

Current School: _____ Grade: _____

Name: _____ Age: _____

Current School: _____ Grade: _____

Are any of the following alumni of West Wind School? If yes, please specify names, date of birth and years of attendance:

Mother: _____

Father: _____

Sibling: _____

Sibling: _____

How did you hear of West Wind School? _____

Have you applied to West Wind School before? _____

What are your views on a cooperative school and how will you be able to help?

I am aware that there are very few vacancies for admission to this school.

I hereby undertake to respect the decision of the school if my child is not granted admission and I hereby assure the school authorities that I will not try and use any influence/recommendations or any other methods to try and seek admission. I understand that any attempt to do so will adversely affect my application.

I hereby state and affirm that whatever information has been given above is correct and complete, and the disclosure made by me is full and true to the best of my knowledge and belief. I further state that I am aware that any suppression of facts can invite consequences such as dismissal from the school.

Signature of Mother

Date: _____

PLEASE SUBMIT THE FOLLOWING ALONG WITH THE COMPLETED AND SIGNED FORM BETWEEN 9:45 – 11:45 am AT WEST WIND SCHOOL ON ANY WORKING DAY FROM 1st – 31st JULY.

PLEASE CARRY THE FOLLOWING WITH YOU:

- Rs 500/- AS A NON-REFUNDABLE PROCESSING FEE
- A PHOTOCOPY OF YOUR CHILD'S BIRTH CERTIFICATE