



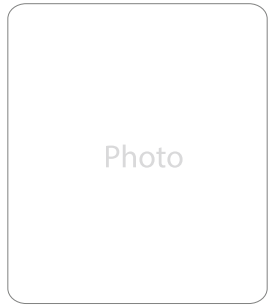
**TRIO**  
WORLD ACADEMY

## ADMISSION FORM

Name			
Admission No		Grade	
House Colour			



**PLEASE FILL IN CAPITAL LETTERS ONLY**



**Child's Detail**

Surname \_\_\_\_\_

Given Name \_\_\_\_\_

Date of Birth

Gender M  F

Place of Birth \_\_\_\_\_

Nationality \_\_\_\_\_

**Subjects Choice**

Mention Your Subjects Choice (For IGCSE /IB DP)

_____	_____
_____	_____
_____	_____
_____	_____

**Second Language :** Spanish  French  Hindi

**Hobbies / Special Talents of The Student**

\_\_\_\_\_

\_\_\_\_\_

**Passport Details** (For Non Indian/PIO/OCI)

Country of Issue \_\_\_\_\_ Place of Issue \_\_\_\_\_

Passport Number \_\_\_\_\_

Date of Issue       Date of Expiry

Nationality \_\_\_\_\_

## Contact Information and Other Details

Residential Address \_\_\_\_\_

\_\_\_\_\_

Permanent Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Languages Spoken at Home \_\_\_\_\_

Medical Conditions/Allergies (if any) \_\_\_\_\_

Diet Veg  Non-veg

Weight \_\_\_\_\_ Height \_\_\_\_\_ Blood Group \_\_\_\_\_

## In Case of Emergency (Kindly provide the details of your relative or friend)

Name \_\_\_\_\_

Relationship (with student) \_\_\_\_\_

Contact No \_\_\_\_\_

Email-id

## Sibling Details

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

## Previous School Details

School Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Country \_\_\_\_\_

## Student Nominee Details (For comprehensive accidental insurance purpose)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact No \_\_\_\_\_ Email id \_\_\_\_\_

Parent Details	Father	Mother
Surname		
Given Name		
Qualification		
Nationality		
Organization Name		
Designation		
Address of Organization / Business		
Mobile Number		
Email id (Personal)		

Mobile number to which SMS/Alert to be sent \_\_\_\_\_

### About your Child

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Does your child have any special physical, emotional or psychological needs?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does your child have any special language needs?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is your child receiving learning support?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does your child have any behavioural problems or have they ever been expelled or suspended from another school? | <input type="checkbox"/> | <input type="checkbox"/> |

If your answer to any of the above is yes, Please explain

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**Single parent:** If separated, please submit : GUARDIANSHIP PAPERS

### For Boarders (local guardian detail)

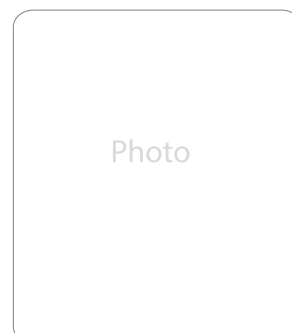
Name \_\_\_\_\_

Contact No \_\_\_\_\_

Email id \_\_\_\_\_

Address \_\_\_\_\_

Relationship (with Student) \_\_\_\_\_



## Medical Annexure

I, \_\_\_\_\_ Father/Mother/Guardian of \_\_\_\_\_, who has admission confirmed for Grade \_\_\_\_\_, hereby give full consent to TRIO WORLD ACADEMY to help and provide immediate medical first aid to my child in case of an accident leading to injury while within the school premises and also admit to a medical facility capable of providing medical treatment. I undertake to take full responsibility for such a goodwill gesture by the school.

## Consent

By signing below on this document, I give consent for the disclosure of personal information about my child \_\_\_\_\_ to the TRIO WORLD ACADEMY, this consent will only applied to the below mentioned purposes;

- Photograph of My Child (Individual and/or Group).
- Essays written and projects done by the student.
- Achievements, Awards, Scholarships, Prizes received by student.
- Participation of the student in any extracurricular activities and sports.
- Testimonials and Reviews.

I am aware that by giving this consent, I am permitting personal information about my child \_\_\_\_\_ to be posted to the TRIO WORLD ACADEMY website/Social media pages or to be used in school marketing collateral, which can be viewed by anyone who accesses the school website and school marketing collateral.

I hereby give this consent voluntarily and now request that my child be admitted to the TRIO WORLD ACADEMY as a full time student.

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For the purpose of obtaining admission to the TRIO WORLD ACADEMY for my child, I hereby declare and undertake as follows:

I \_\_\_\_\_ being the Father/Mother/Guardian of \_\_\_\_\_.

1. I have evaluated the Trio World Academy myself and would like to enroll my child as a student at the school.
2. All information and particulars furnished here on the application form have been read and fully understood true and correct to the best of my knowledge.
3. All the information provided on this document is correct and to the best of my knowledge.
4. My child will be supported in following the school rules and be aided in adhering to the time table.
5. I will ensure that I will pay all due fees on time and should there be any delay in payments, I agree to pay the monetary charges as per the fee schedule.
6. Should there be any concerns/issues/complaints regarding the facility, faculty or curriculum that require clarification/action, I will bring them directly to the notice of the administration, without involving other persons and/or voicing them on public forums and any digital platforms.
7. The school will be informed of changes to the information given.
8. I agree to abide by the policies and procedures laid down by the school.
9. I understand that the Admission Fee is non -refundable at any time.

Name of Father/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Name of Mother/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Name of Witness (School Official) \_\_\_\_\_ Signature \_\_\_\_\_

**Billing Information** (For company payment)

Invoice raised in the name of \_\_\_\_\_

Address \_\_\_\_\_

Contact Person: \_\_\_\_\_



**FOR OFFICE USE ONLY**

Documents required with this application:

- Four Passport size photographs
- A photocopy of the child's latest Report Card
- Original Transfer / Leaving Certificate
- A photocopy of Birth Certificate
- A photocopy of Immunization / Vaccination Card
- A photocopy of the child's Passport with valid visa and Residential Permit (NON - INDIAN)
- Recommendation letter from previous school
- Any Government Approved ID Card of Parent
- Parents Passport size Photo
- Application fee paid

Start Date

Admission Date

\_\_\_\_\_  
Authorised Signatory

\_\_\_\_\_  
Head of School



3/5 Kodigehalli Main Road, Sahakar Nagar, Bangalore - 560092  
Landline- +91 80 40611222, Fax- +91 08023551228, Mobile- +91 9663041122

Email - [admissions@trioworldacademy.com](mailto:admissions@trioworldacademy.com)  
Website - [www.trioworldacademy.com](http://www.trioworldacademy.com)



## Transportation Request Form

Name of Child : \_\_\_\_\_

Grade : \_\_\_\_\_

Parent / Guardian's Name : \_\_\_\_\_

Contact Number : \_\_\_\_\_

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

### Please note:

1. Once we receive this form, we will intimate you regarding the exact pickup and drop points.
2. The school follows "Fixed Routes" policy.
3. The location of pickup point is decided by our Transport Manager and shall be intimated to you.
4. The pickup and drop point that is decided by the Transport Manager is not subject to change once decided.
5. The distance of pickup and drop point is based on our Fixed routes only.
6. Transport fee is based on the distance calculated as per our Fixed routes only.

\_\_\_\_\_  
Signature of Parent/Guardian

Distance (In Kilometer)

0 – 5

6 – 10

11 – 20

Above 20

\_\_\_\_\_  
Signature of Transport Manager

\_\_\_\_\_  
Signature of Accountant