

For Office use only

Medical Form Birth Certificate Fee Card

Fee Details:

Registration fee: _____ Tuition fee: _____

Annual charges: _____ Books: _____

Uniform: _____ Others: _____

Total Fee: _____

Date: _____ Signature of Principal: _____

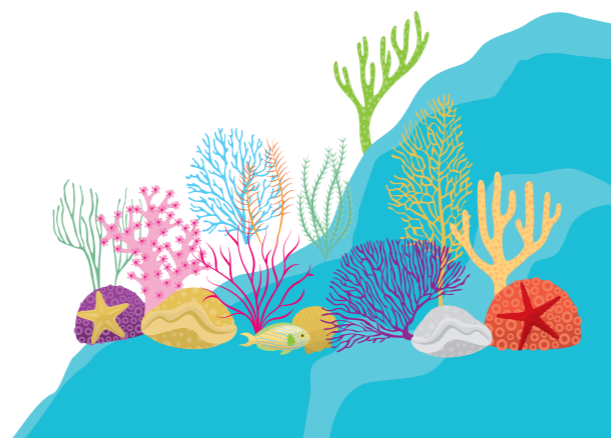


Purple Turtle International
 Administrative Office address :
 Club House Gate, Gallery No. 1
 2nd Floor, (Above Indian Overseas Bank)
 Barabati Stadium Campus, Cuttack-753001, Odisha

Admission : admission@purpleturtleint.com
 Administration : admin@purpleturtleint.com

Website: www.purpleturtleint.com

Call: +91-9439447200



Admission Form

Please fill up all the fields of information in CAPITAL LETTERS only.

Session 20____ - 20____

Admission sought in

 Baby Turtle 1.8 to 2.5 years <input type="checkbox"/>	 Chirpy Turtle 2.5 to 3.5 years <input type="checkbox"/>	 Peppy Turtle 3.5 to 4.5 years <input type="checkbox"/>	 Smily Turtle 4.5 to 5.5 years <input type="checkbox"/>
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Particulars of the child

First Name: _____ Middle Name: _____ Surname: _____

Date of Birth: DD / MM / YYYY Gender: Male Female

Nationality: _____ Mother Tongue: _____

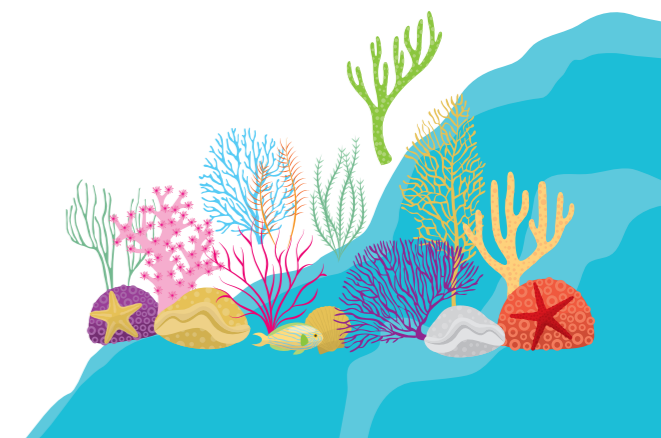
Religion: _____ Languages spoken at home: _____

Residential Address: _____

Pincode: _____

Contact No.: _____ Contact No.: _____ Contact No.: _____

Form Sr. No.: _____





Family Information

Mother Name: _____ Father Name: _____
 Age: _____ Age: _____
 Educational Qualification: _____ Educational Qualification: _____
 Occupation: _____ Occupation: _____
 Name of the Organization: _____ Name of the Organization: _____
 Contact No. (Office): _____ Contact No. (Office): _____
 Contact No.(Personal): _____ Contact No.(Personal): _____
 Mobile: _____ Mobile: _____
 Email: _____ Email: _____

For us to contact you through SMS, please tick one of the boxes to whom the SMS should be sent

Mother Father Guardian: _____

More Details:

Name of previous school (if attended) _____

Is your child toilet trained? Yes No

Details of siblings	Name	Age	Class	Name of School
Brothers/ Sisters	_____	---	---	_____
Brothers/ Sisters	_____	---	---	_____
Brothers/ Sisters	_____	---	---	_____
Brothers/ Sisters	_____	---	---	_____

Medical Details



Immunization record

1. _____ 2. _____
 3. _____ 4. _____

Medical History

- Any illness in the past: _____
- Any allergy: _____
- Any medication being followed: _____
- Any other information: _____

If interested in School Transport Yes No

Pick Up Point: _____ Drop Point: _____

Declaration by Parents / Guardian

- I declare that all the above information is correct and complete.
- I agree to entrust my child at 'Purple Turtle' and shall not hold the 'Purple Turtle' team responsible for any happening.
- The fee paid by me is non-transferrable and refundable.
- I have gone through the school policies and am providing the supporting documents.

Signature of the Mother

Signature of the Father

Signature of the Guardian

