



STEPPING STONES ACADEMY

ASPIRING FOR EXCELLENCE

Please fill the form with correct information and submit

Form No. 29000 _____

Registration No: _____

Child Picture
(Passport Sized)

Name of Student (Surname): _____ First Name: _____

Aadhar Number of the Child: _____ Class Applying for _____

Date of Birth: _____ State of Origin: _____

Gender: _____ (F/M)

Health History of the Child

Blood Group: _____

Any other information to know about his/her health _____

Do you have any family Doctor? Yes/No: _____ If yes state the address: _____

Parents Column

Father's Name: _____ Religion: _____

Occupation: _____

Official/Personal Phone no. _____

Place of work/Address: _____

Email: _____ Residential Address: _____

Local Guardian's Name: _____ Address: _____

Mother's Name: _____ Religion: _____

Occupation: _____ Official/Personal Phone no. _____

Place of work/Address: _____ Email: _____

Residential Address: _____

No of Children: _____ Bus route: _____

Name of previous School Attended (if any): _____

Name of Head Teacher of Previous School: _____

Official Use

Class Admitted into: _____

Admission Number: _____

Coordinator Signature: _____

Principal Signature and Stamp: _____

Family Picture
(Passport Sized)