



*An initiative by Autistic and Special Scholars Foundation*

# Student Admission Form

Date of Application \_\_\_\_\_

<b>Child's Information</b>	<b>Student's Name</b>			
	<b>Gender</b>			
	<b>Date of Birth</b>			
	<b>Place of Birth</b>			
	<b>Citizenship</b>			
	<b>Identification Mark</b>			

<b>Father's Information</b>	<b>Name</b>			
	<b>Date of Birth</b>			
	<b>Place of Birth</b>			
	<b>Citizenship</b>			
	<b>Highest Level of Education</b>			
	<b>Occupation</b>			
	<b>Name of Organisation</b>			
	<b>Designation</b>			
	<b>No of Years with Present Organisation</b>			
	<b>Name of Previous Employer</b>			
	<b>Total Years of Working Experience</b>			
	<b>Monthly Income</b>	INR 50K or Less	INR 50K-100K	INR 100K-200K
	INR 200K-400K	INR 400K-600K	Above INR 600K	

<b>Mother's Information</b>	<b>Name</b>			
	<b>Date of Birth</b>			
	<b>Place of Birth</b>			
	<b>Citizenship</b>			
	<b>Highest Level of Education</b>			
	<b>Occupation</b>			
	<b>Name of Organisation</b>			
	<b>Designation</b>			
	<b>No of Years with Present Organisation</b>			
	<b>Name of Previous Employer</b>			
	<b>Total Years of Working Experience</b>			
	<b>Monthly Income</b>	INR 50K or Less	INR 50K-100K	INR 100K-200K
	INR 200K-400K	INR 400K-600K	Above INR 600K	

<b>Who will be the Primary Contact Person ( Pls select the appropriate Option)</b>		
Mother	Father	Others ( Pls specify)

<b>Child's Custody Information-Parents' Marital Status</b>		
Married	Seperated	Divorced
Single	Widowe(r)	Unmarried
Person assigned Legal Custody		
Person assigned physical custody		

<b>Siblings &amp; Family Information</b>					
S no	Name	Age	Gender	Date of Birth	Relation with Child

**Medical Information**

**Diagnosis Done by**

**Primary Diagnosis**

**Date of Diagnosis**

**List of any illnesses or hospitalisation and details**

**Has the child got all required vaccinations ?**

Yes

No

**Has the child is allergic to any food/environmental conditions ?**

Yes

No

**If Yes then pls list**

**Has the child got any drug allergies ?**

Yes

No

**If Yes then pls list**

**Is the Child on a special diet plan ?**

Yes

No

**If Yes then pls list**

**Has the child got any constraints for physical activities ?**

Yes

No

**If Yes then pls list**

### Medical Information

Is the child currently on any medication ?		Yes	No	
If yes then pls provide below details		Pls attach Doctors prescription for same		
Medication Name	Frequency	Dosage-Unit	Purpose	Start Date
1				
2				
3				
4				

Any Specific information related to medical condition of child which you want Special Pearls to be aware of ?

### General Information

Pls let us know more about the Sleeping habits of your Child

How do you Communicate with your Child ?

What are your Child's food preferences ?

What are the activities which your child enjoys doing at home ?

**Details of Previous educational/ developmental programmes attended by your child**

<b>Programme/School</b>	<b>From</b>	<b>To</b>	<b>Reason for Change</b>

<b>What are your top priorities from Special Pearls Programme ?</b>	
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<b>Any other Details you want to share with us ?</b>	
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\*\* Pls attach a copy of immunisation records & your Child's diagnosis from a Govt Hospital or from a certified Psychologist.

\*\* Special Pearls support Parents with Scholarships as well ,however same will be provided basis fulfilment of certain criterions and at sole discretion of management.

\*\* Admissions will be provided based on availability of seats in the programme.