



VISION INTERNATIONAL SCHOOL

Shaping Futures. Creating Leaders.

Vill: Barkhabal, P.O. Laharighat, Morigaon, Assam – 782127

Ph: 8749849817

APPLICATION FORM FOR ADMISSION — SESSION 2026-27

For Office Use Only

Date Received: _____

Remarks: _____

Affix Child's
Passport Size
Photo
(3.5 × 4.5 cm)

Class Applied For: Nursery LKG UKG

A. Student Details

Full Name (as per Birth Certificate): _____

Date of Birth: _____ Age as on 01 April 2026: _____

Gender: Male Female Other

Place of Birth: _____ Nationality: _____

Religion: _____ Category: General OBC SC ST

Child's Aadhaar Number (if available): _____

B. Father's Details

Full Name: _____

Aadhaar Number: _____ Highest Qualification: _____

Occupation: _____ Annual Income (₹): _____ Mobile Number: _____

C. Mother's Details

Full Name: _____

Aadhaar Number: _____ Highest Qualification: _____

Occupation: _____ Annual Income (₹): _____ Mobile Number: _____

D. Local Guardian (if different from parents)

Name: _____

Relationship with Child: _____ Mobile Number: _____

E. Residential Address

House No. / Street: _____ Village / Town: _____
P.O.: _____ P.S.: _____ District: _____
State: _____ PIN Code: _____

F. Child's Health Information

Blood Group: _____
Does the child have any disability? Yes No
If Yes, please specify: _____

G. Previous School Attended (if any)

Name of School: _____ Duration Attended: _____

H. Documents Checklist

- | | |
|---|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Aadhaar Card – Child (if available) |
| <input type="checkbox"/> Aadhaar Card – Father | <input type="checkbox"/> Aadhaar Card – Mother |
| <input type="checkbox"/> 3 Passport-size Photographs of Child | <input type="checkbox"/> Caste / Category Certificate (if applicable) |
| <input type="checkbox"/> Transfer Certificate (if applicable) | |

I. Declaration

“I/We hereby declare that the information provided above is true and correct to the best of my/our knowledge. I/We agree to abide by the rules and regulations of Vision International School and undertake to pay the fees as prescribed by the school from time to time.”

Signature of Father

Signature of Mother

Signature of Guardian (if applicable)

Place: _____

Date: _____