



**Trinity  
Adventist  
Academy**

RAISING THE NEW GENERATIONS

Trinity Adventist Academy  
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## STUDENT APPLICATION FORM

(FILL CLEARLY IN BLOCK LETTERS)

PASTE PHOTO HERE

### STUDENT DETAILS:

NAME FIRST: \_\_\_\_\_

NAME MIDDLE: \_\_\_\_\_

NAME LAST: \_\_\_\_\_

DATE OF BIRTH: (DD/MM/YYYY) \_\_\_\_\_ SEX: Male  Female  ADMISSION TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PARENTS' DETAILS: MARRIED  DIVORCED  SEPARATED  SINGLE

FATHER'S NAME: \_\_\_\_\_

PH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

PH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ANY KNOWN MENTAL/ PHYSICAL DISABILITIES: YES  NO

If yes, please explain:

**EMERGENCY CONTACTS (OTHER THAN PARENTS)**

NO.	FULL NAME	RELATIONSHIP TO CHILD	CONTACT NUMBER
1.			
2.			
3.			
4.			
5.			

**HEALTH FORM**

Blood group of your child \_\_\_\_\_ :  
(Please provide a copy of statement from the doctor or lab)

Does the child have any allergies?      Yes       No

If yes, provide details:

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Is the child on any permanent medication?      Yes       No

If yes, list the medication:

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Date of the last Annual Physical Examination for your child (DD/MM/YYYY):  
(Provide a copy of immunization/ vaccination certificate of your child)

**In case of any medical emergency, you agree and authorize the school management to take your child to the nearest hospital.**

Signature \_\_\_\_\_

**T**hank you for submitting the application. You came to the right place to ensure academic future of your child. Submitting application doesn't mean that admission is granted. Decision is made only after interviewing both parents at the same time to know about your aspirations and dreams about your child in order to find out if we are a right choice for you.

Copy of the birth certificate, immunization and vaccination certificate, photographs of both parents and the child, emergency contact numbers, and photograph of the persons designated for emergency pickup are needed before the class starts with schedule fees once admission is granted. All these will be explained to you latter.

Signature of Father:

Signature of Mother:

Signature of Guardian:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLACE: \_\_\_\_\_

DATE: \_\_\_\_\_

**PASTE OTHER PHOTOGRAPHS HERE**

FATHER
CONTACT NO

MOTHER
CONTACT NO

GUARDIAN
CONTACT NO

RELATIONSHIP TO CHILD
CONTACT NO

<b>FOR OFFICIAL USE ONLY</b>
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APPLICATION GRANTED:

APPLICATION DENIED:

DATE DECISION TAKEN: (DD/MM/YYYY)

\_\_\_\_\_

REASON FOR DENIAL:

OFFICE SEAL:

**AUTHORIZED SIGNATURES:**

HEAD TEACHER:

ADMINISTRATOR:

CHAIRMAN:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

