



CONSENT LETTER

SCHOOL ADDRESS: Calorx Olive International School

Beside Ahmedabad Dental College, Nr. Arjun Farm, Ranchhodpura-Bhadaj Road, Ranchhodpura, Ahmedabad.

Ph: 02764 260 359/246 | Mob.: +91 90 999 33 804

Date:

Student Name:

Grade:

My Son/daughter has taken admission at Calorx olive International School, Ahmedabad. I had paid the fees for the same.

If I get my ward's admission cancelled then the fees will not be refunded.

Place:

Date:

Signature of Parent/Guardian



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ID Card Form- Students

Dear Parents,

Please fill the required details in Capital letter and return back to Administrative Department.

FULL NAME:

ADDRESS:

.....

.....

.....

GRADE:

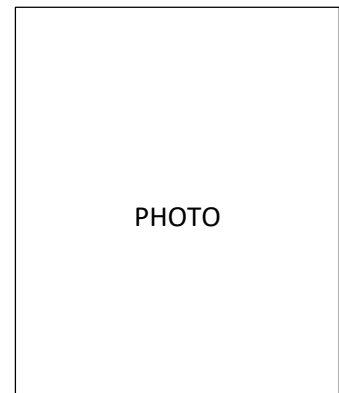
DATE OF BIRTH:

BLOOD GROUP:

PHONE NO. : (M).....

(R).....

PARENT'S SIGNATURE:



NOTE: ELECTRONIC COPY DOES NOT REQUIRE SIGNATURE

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HEALTH CARD

- 1) Name of the Child:
- 2) Grade:
- 3) Date of Birth:
- 4) Father's Name:
- 5) Address:
.....
.....
- 6) Telephone no. : (R)..... (M).....
- 7) Emergency Telephone No. :
- 8) Weight in kg:
- 9) Immunisation History:

a) BCG: YES/NO	f) DPT: YES/NO
b) Oral Polio: YES/NO	g) DT: YES/NO
c) Measles/MMR: YES/NO	h) Tetanus Booster: YES/NO
d) Cholera: YES/NO	i) Meningitis: YES/NO
e) Typhoid: YES/NO (7-16 year)	
- 10) Vaccines No. (a) to (f) are compulsory.
No. (d) and (e) are optional, but recommended to be given once a year.
No. (i) is optional, but recommended
- 11) Precaution:
 - (a) Food:
 - (b) Other:
- 12) History of Past illness
 - (a) Specific diseases suffered:
 - (b) Operation undergone, if any, specify:
 - (c) Allergies, if any, specify:
 - (d) Drugs allergic to, if any, specify:
 - (e) Any other diseases for which the child is on regular medication:
- 13) Blood Group:
- 14) If you follow an alternative medication therapy please give details below

Ayurveda:

Homeopathy:

Any Other:



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APPLICATION FORM FOR TRANSPORTATION

To be filled by office

Admission Number:

Admission to Class:

- 1) Student's name in full (Block Letters):
- 2) Father's name in full (Block Letters):
- 3) Mother's name in full (Block Letters):
- 4) Residential Address:
.....
.....
.....
- 5) Telephone No. : (R)..... (M)
- 6) Route Number (Preferred):
- 7) Pick up/ Drop point (Preferred):

Instructions

- A) The address provided above shall remain valid for at least six months.
- B) Any application for change in the residential address should be submitted one month in advance to the transport in charge. Subsequently, transport will be provided subject to availability of seats on that particular route / areas in which the school bus is plying. If you need any help of difficulty please contact Transport In-charge.
- C) No temporary changes or adjustment in school transport will be entertained.
- D) The pickup point and dropping point of your ward will be decided by the school & request for extension or change in route will not be accepted.
- E) This form must be duly filled in and submitted at the school on the stipulated date. The school shall not be responsible for providing transport if this form is not received on time.

Date:

Signature of Parent/Guardian