

Little Kingdom & St. Jude's Global School

ADMISSION COUNSELLING FORM

Date : Time: SI No.:

Class to which admission is sought Playschool Daycare Montessori Kindergarten Class:.....

Source of reference about our school Personal reference Advertisement Board School bus Others

If personal reference, name of person

Contact no. of person recommended

Name of child Pet name

Date of birth Age

Name of Father Profession

Name of Mother Profession

Residence location E-mail

Phone (res) Phone (mob)

Your time availability for counselling session Duration :..... hrs minutes OR Time till am / pm

Specific areas to be focused during counselling (A choice of 5 items may take 20 minutes approx)

School Vision Strategic Goals Management Teaching Staff

Academics Co-curricular Arts & sports Special Trainings

Features Facilities Conveyance Future plans

Communications Parental Role Fees References

Others (specify)

The top 2 key priorities, on which you might base your decision

[1] [2]

THANK YOU

For Office use only

Date : Start time..... End Time :

General Child Readiness and Preparedness (In a range of 1 to 10)

Assessed - PQ : IQ : EQ : CQ : MQ : SQ :

Fees Choice Termly Annual / One-time P.E.A.C.E

Priority Class& Remarks :

Adm. forms issued on Adm Form received on Admitted : Yes / No

Counsellor Name : Signature with Date