

**Early Years / Primary**

Garden Campus, 26 Bhulabhai Desai Rd  
Mumbai 400 026, India.  
Tel: +91 (22) 23620110  
Email: gardencampus@dsbindia.com

**Upper Primary / Secondary**

Aurum House, Plot No.25, Dady Seth Lane  
Mumbai 400 007, India.  
Tel: +91 (22) 23673888  
Email: aurumhouse@dsbindia.com



International School Mumbai

**APPLICATION FOR ADMISSION**

**Name of Student:**

**Age: Years + Months**

--	--

*Office Use Only*

Date of receipt of application

--

Date of admissions meeting (if applicable)

--

Status of application (with dates)

--	--	--

Declined

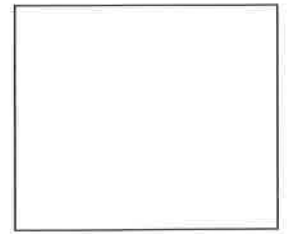
Waitlisted

Admitted



UNIVERSITY of CAMBRIDGE  
International Examinations





## Family Information

**Section**

Please insert X

**International Section**

**German Section**

**Student's Name:**

--	--	--

First

Middle

Family Name

**Gender (M/F)**

**Seeking admission to class:**

**Desired start date:**

**Nationality/ies**

**Date of Birth**  
(DD/MM/YY)

**Nationality/ies**

Mother

Father

**Proficiency in English**

Very Good

Good

Basic

None

**Proficiency in German**

Very Good

Good

Basic

None

**Language spoken at home**

**Mumbai Home Address**

--	--	--

Flat No.

Building Name

Street Name

--	--	--

Area

PIN Code

Home Telephone Number

**Family Information**

--	--

Father's Name

Mother's Name

--	--

Company Name

Company Name

--	--

Designation

Designation

--	--

Office Telephone

Office Telephone

--	--

Cellphone

Cellphone

--	--

Email

Email

**Siblings**

Name	<input type="text"/>	Gender	<input type="text"/>	Date of Birth	<input type="text"/>
Name	<input type="text"/>	Gender	<input type="text"/>	Date of Birth	<input type="text"/>
Name	<input type="text"/>	Gender	<input type="text"/>	Date of Birth	<input type="text"/>
Name	<input type="text"/>	Gender	<input type="text"/>	Date of Birth	<input type="text"/>

**Permissions**

1. Occasionally the school visits locations in the immediate vicinity of the school. I hereby consent to my child taking part in these visits. All school activities will be undertaken under appropriate supervision.
2. I understand that Physical Education lessons can take place in the school garden, Breach Candy Club and other nearby venues. When available, copies of BCC Membership Cards will be submitted to the school.
3. I consent to the use of my child's images, photographs and other material by DSB to display children's work and to raise the profile of the school.
4. In order to enhance communication in the school community DSB publishes an Annual School Directory. I understand that this includes the student's name, nationality, and the parents' contact details.
5. By joining and attending DSB International School, I agree to uphold the school's values and guidelines, outlined in the parents handbook.

I agree and consent to the above

Date / Signature

(If filling this form electronically, you will be asked to sign at the admissions meeting.)

## Student's Educational Background

**Comment:** We accept all students whom we judge can benefit from our academic programme. However, DSB reserves the right to refuse admission where we feel our programme or infrastructure cannot meet the needs of the candidate student. The questions below will help not just in admission, but also for the teacher to know the student better and to prepare for their arrival.

If applicable, please include copies of the last school report and any educational certificates that your child has received. Incorrect or incomplete information provided may result in the termination of the educational contract.

**Last School Attended**

**Address, including email**

**Year(s) attended**

**Language of Instruction**

Languages studied at last school	Grade level(s)	Lessons per week

**Learning Support/Special Educational Needs in school**

Yes	No	Dates

If yes, please give details, including length of programme, type of support etc.

**Has the child previously been assessed or received support/therapy for any of the following:**

**Assessment by an Educational Psychologist**

Yes	No

**Assessment by a speech therapist**

Yes	No

**Learning support outside school: autism, dyslexia etc.**

Yes	No

**Occupational Therapy**

Yes	No

If yes, please provide copies of assessment reports.

## Student Health Form

**Blood Group**

**Allergies**

**Long-term ailments**

**Will you be providing any special medication for use in school?  
If yes, please give details below.**

**Does your child have any physical disabilities**



**Yes**

**No**

**If yes, please give details below.**

**Additional contact in case of emergencies.**

Please provide a contact person in addition to the parents/guardians

**Name**

**Address**

**Telephone number**

**Email**


By completing this form we acknowledge that in the case of an emergency and when parents/guardians are inaccessible, we grant permission to obtain immediate appropriate medical help for our child on the understanding that we will be notified as soon as possible. If necessary, the treatment will be carried out at the emergency department of the Breach Candy Hospital.

**Signatures of parent(s)/guardian(s)**

**Place and Date**

--	--

--	--

(If filling this form electronically, you will be asked to sign at the admissions meeting.)

### Special skills/any further details

(Please provide any details that may be of relevance to this application)

### Fees

The following fees are payable on confirmation of a seat:

1. Non refundable deposit to secure the place. This deposit will be adjusted against the first instalment of fees.
2. Annual Membership fee per family
3. One-time Admission Fee
4. School Fees - invoiced before the school year starts

Please specify name that should appear on the invoice:

### Document Checklist

The following documents should be attached with this application.

1. Age verification: copy of passport ID page or birth certificate
2. Passport copy of both parents
3. A passport sized photograph (paper or attached as a jpeg file)
4. Primary school applications: previous year's report card  
or
5. Secondary school applications: previous two years report cards / Half & Full term
6. All supporting documents in case of Special Educational Needs, Assessments or therapies that will support the child's application.

**Admission details and notes:**

--	--

**Class of entry**

**Start date**

**Signature of International Principal (if International Section)**

**Signature of Executive Principal**

