

Secondary School Admission Request Form

DATE OF REQUEST

This form has to be submitted along with the consent form for assessment by educators, developmental pediatricians and psychiatrists in order to consider the pupil for admission to the secondary school.

🔊 All sections in this form can be filled in either by typing or by submitting voice or video responses. Please clearly label all media files with your child's full name and the section name (e.g., "Name_Behaviours"). Submissions can be shared securely via:

•Email: [\[insert email\]](#)

•Google Drive link ([shared with \[insert SK email\]](#))

•WhatsApp to: [\[insert number\]](#)

If you prefer, you may also book a private appointment to complete the form with the SK team's assistance. We are committed to accessibility and will work with families to ensure this process is inclusive and supportive.

Has the request for assessment been discussed with SK's representative? It is recommended that this discussion take place before this request is submitted.

☐

YES

☐

NO

STUDENT
PHOTO

STUDENT DETAILS

Full Name: _____

Gender: _____ Date of Birth: _____ Age: _____

Address: _____

Mother Tongue: _____ Religion: _____

Phone Number: _____ Email ID: _____

DIAGNOSIS SUMMARY

What diagnosis has your child received? (e.g., Autism Spectrum Disorder, ADHD, etc.)

Who made the diagnosis and in which year?

History of seizures, is any and food allergies, if any?

THERAPIES & SUPPORT HISTORY

Has your child received any of the following? (Check all that apply and describe)

PARENTS DETAILS IF PUPIL IS BEING BROUGHT IN BY PARENTS

FATHER'S
PHOTO

Father's Name: _____

Designation & Profession: _____

Email Address: _____

Contact Number: _____

Address: _____

Mother's Name: _____

Designation & Profession: _____

Email Address: _____

Contact Number: _____

Address if different: _____

MOTHER'S
PHOTO

GUARDIAN DETAILS

☐ IF PUPIL IS BEING BROUGHT IN BY LEGAL GUARDIAN

☐ IF GUARDIAN IS CONTACT PERSON IN CASE OF EMERGENCIES

☐ Grandparent ☐ Sibling ☐ Relative _____ ☐ Other _____

GUARDIAN'S
PHOTO

Guardian's Name: _____

Designation and Profession: _____

Email address: _____

Contact number: _____

Address: _____

You may respond in writing or through audio/video.

MEDICAL AND DIAGNOSTIC HISTORY

Primary Diagnosis:

Any Co-occurring Conditions (including mental health concerns): (Attach all relevant documentation and clinical reports)

Has your child received a formal diagnosis from a registered practitioner? (Attach documents)

Is there a history of seizures, neurological disorders, or other medical concerns?

Please attach the following:

- Latest psychological evaluation report (not older than 2 months)
- Cognitive/IQ assessment (not older than 2 months)
- Any reports relevant to the student's educational functioning
- Any reports relevant to the student's behavioural functioning

SCHOOL & LEARNING HISTORY

List all schools attended in the last 5 years:

Reason for leaving previous schools:

Any prolonged periods of dropout or school refusal?

What learning method(s) has your child responded best to? (e.g. visual, verbal, tactile)

Is your child currently receiving therapy? (Speech, OT, counselling, etc.)

ARTISTIC INTERESTS & EXPOSURE

Does your child have an interest in any art forms (visual arts, printmaking, sculpture, design, music, theatre)?

If yes, please describe the child's skills, experiences, or past participation:

Please attach a sample portfolio if available (sketches, photos, scanned artwork, etc.)

BEHAVIOUR & REGULATION

Please describe any behaviours that may require additional support
(e.g., meltdowns, aggression, shutdowns, task avoidance, withdrawal, self-injury):

What are the known triggers for these behaviours?

(e.g., transitions, sensory overload, unfamiliar settings, communication breakdowns):

What strategies have worked well at home or in school to support regulation?

(Please include routines, de-escalation techniques, visual aids, communication tools, etc.):

How frequently do these behaviours occur?

(e.g., daily, weekly, only during high-stress situations, etc.):

Has the applicant ever experienced any of the following?

- ☐ Police or legal intervention
- ☐ Physical restraint (by caregivers, school staff, or others)
- ☐ Harm to self or others
- ☐ Psychiatric hospitalisation or mental health in-patient care

(If any of the above apply, please proceed to the next question.)

If yes, please provide further details:

You may describe the events in writing below or choose one of the following methods:

- Submit a voice note or video message (via Google Drive, WhatsApp, or email) describing the incidents, context, and outcomes.
- Book a private in-person meeting with our team to speak directly about these experiences, especially in sensitive or complex cases.

Please note: The team may maintain an internal recording or documentation of this information to support ongoing evaluation and consultation with experts. This is to ensure appropriate support planning and will be used with strict confidentiality protocols.

FAMILY CONTEXT & SUPPORT

Who does the applicant currently live with?

(e.g., both parents, single parent, guardian, residential care, extended family):

Have there been any family circumstances that may have significantly impacted the applicant's mental health, learning, or development?

(e.g., trauma, bereavement, separation/divorce, relocation, conflict, financial hardship):

Has the family previously worked with any external support systems?

- ☐ Special educators
- ☐ Occupational or speech therapists
- ☐ Behaviour therapists or ABA teams
- ☐ Counsellors or mental health professionals
- ☐ Social workers or support groups

If yes, please provide further details:

You may choose to:

- Describe the situation in writing below.
- Submit a voice note or video (via Google Drive, WhatsApp, or email) sharing the events, context, and outcomes.
- Book a private in-person conversation with our team to discuss these matters, especially if they are sensitive, complex, or ongoing.

Please note: Any information shared here is treated with confidentiality and helps us understand the context of the applicant's needs more holistically, ensuring our support plans are responsive and respectful.

PROGRAM ALIGNMENT

What are your primary reasons for seeking admission into the SK Secondary School Program?

(Please reflect on what motivated this application—academic, behavioural, emotional, or creative goals.)

What are your expectations from this school experience?

(You may comment on academic, behavioural, emotional, artistic, or vocational outcomes you hope to see.)

Does your child show an interest or inclination toward the visual or performing arts?

- ☐ Yes
- ☐ No
- ☐ Not Sure

If yes, please provide details and upload any examples (portfolio files, photos, videos, scanned sketches, etc.)

Are you interested in continuing into the SK Art College after completing the secondary school program?

- ☐ Yes
- ☐ Possibly, if aligned with our child's interests and skills
- ☐ No
- ☐ Undecided

Please share any thoughts about your child's long-term learning or career goals.

Primary contact person in case of urgent behavioral or medical situation within school premises?

EXPECTED DOCUMENTS UPON ADMISSION

Please be informed that should your child be accepted for admission at the school, the following documents will need to be furnished for completing the admission procedure.

Student

- Birth Certificate
- Aadhar Card
- Proof of Permanent Address
- 5 Passport Size Photographs
- Report Card from last school attended
- Transfer Certificate
- Disability Certificate UDID Card
- Diagnosis Report from a medical institution
- Recent Medical Assessment Report from a Developmental Pediatrician

Parents

- Occupation proof for both parents
- Proof of Annual Income, if both are working
- PAN Number of parent remitting fees
- Proof of number of dependents
- Aadhar Cards of both parents
- Address proof for both parents (if different)
- 2 passport size photographs of both parents

EXPECTED FEES AT THE TIME OF ADMISSION

Upon confirmation of admission at Sense Kaleidoscopes, the following payment will be required to complete the enrollment process:

- A **one-time, non-refundable deposit equivalent to three months' fees**
- The **first quarterly program fee (three months' fees)** payable in advance

In total, six months' worth of fees are collected at the time of admission — three months as a one-time deposit and three months as the first quarter's tuition.

Additionally, based on the individual needs of the student, families may be required to budget for the following:

- A **personal laptop or tablet** for classroom use, if recommended
- **Student access to learning platforms** (e.g., IXL, Turtle Diary)
- **Textbooks** from State, CBSE, IGCSE or IB boards for generalisation purposes
- **Autism-specific worksheets** sourced internationally
- **Printing costs** for personalized worksheets printed at school
- **Community visits and social outings** designed to build real-world learning
- **Parent training sessions** conducted by external experts, if required
- **Therapeutic or specialist services** (e.g., counselling, speech, communication) provided by external consultants when needed

At Sense Kaleidoscopes, we believe in providing a **deeply individualized** learning journey. These fees reflect the resources and expertise involved in offering a **world-class, neuro-affirmative**, and supportive environment for your child to thrive.

Consent Form for Assessment of Child for Admission Purposes

This consent form has to be submitted for the purpose of assessment by educators, developmental paediatricians and psychiatrists in order to consider the pupil for admission to the school. Please note that the assessment is chargeable and information on if/when the assessment is to be undertaken will be communicated to you.

Name of child: _____

Gender: _____ Date of birth: _____ Age: _____

Previous school and address, if any: _____

Previous school contact, if any: _____

Has your child's educational need been discussed with you? ☐ YES ☐ NO

Has the assessment and statementing process been fully explained to you? ☐ YES ☐ NO

*I have parental responsibility for the child named above
and I agree to the assessment being undertaken.*

Signature: _____

Name of person with parental responsibility: _____

Relationship to child: _____

Address: _____

To ensure that this request is considered as speedily as possible, please provide all necessary information. Please return this completed form to the office at Sense Kaleidoscopes.

*For any additional questions or concerns please do not hesitate to contact us via email:
admin@sensekaleidoscopes.org, contact@sensekaleidoscopes.org or phone: +91 96061 85050*

PARENT/GUARDIAN DECLARATION FOR ADMISSION REQUEST AND ASSESSMENT



I, _____, parent/legal guardian of _____, aged _____ years, residing at _____, hereby undertake, declare, and consent to the following on this day, _____:

1) I understand that assessments must be conducted by Sense Kaleidoscopes (SK) to evaluate the suitability and eligibility of my child for admission into its educational programs.

2) I confirm that I have been informed of the purpose, scope, and nature of these assessments. I hereby give my informed consent for SK to conduct the necessary assessments. I agree to provide all relevant details requested in the admission and assessment forms, and I will furnish any additional documentation upon request.

3) I understand that submission of this application does not guarantee admission. Admission is subject to the outcome of assessments, fulfilment of all criteria, and is at the sole discretion of SK.

4) I acknowledge that initial assessments help determine if my child can be supported within SK's program framework. A complete understanding of my child may require up to three months of further observation and review after conditional admission.

5) I understand that SK reserves the right to deny or withdraw admission at any time if:

- information is falsified, misrepresented, or withheld;
- my child's needs exceed the scope of support that SK is able to offer safely and ethically;
- continued participation poses risk to the well-being of others in the program.

6) I consent to the sharing of assessment reports with internal professionals—doctors, therapists, teachers, staff, and consultants—who are directly involved in the education, therapeutic support, or capacity building of my child.

7) I also consent to anonymized data and insights from the assessments being shared with research institutions for educational, behavioral, or vocational research aimed at improving services for individuals with Autism Spectrum Disorder (ASD), provided my child's personal identity remains protected.

8) I understand that assessment reports and other documentation may be retained by SK in its secure data systems for the duration of the child's engagement with the organization and may be used to inform decisions on curriculum planning, safety protocols, therapeutic needs, and reporting to relevant authorities, if required by law.

9) I acknowledge that SK will exercise reasonable care and professional diligence during the assessment process. However, I accept that I remain fully responsible for any reckless or harmful behavior by my child that causes physical injury to others or damage to property or equipment. I undertake to bear the cost of repair, replacement, or medical treatment if such a situation arises.

10) I confirm that I have fully disclosed all known behavioral, developmental, cognitive, and medical challenges to the best of my knowledge. I understand that failure to disclose relevant history may compromise SK's ability to support my child and may affect the continuation of services.

11) I understand that if my child is admitted, SK may continue conducting periodic assessments to review and adapt the child's support plan as needed. These assessments may include classroom observations, behavioral recordings, teacher evaluations, and professional consultations.

12) I acknowledge that all information collected will be handled in accordance with the Rights of Persons with Disabilities Act (2016), the Mental Healthcare Act (2017), and any applicable data protection laws. Information will be stored securely and shared only with authorized personnel under confidentiality protocols.

13) I am aware that I may be asked to participate in review meetings, progress evaluations, and capacity-building discussions related to my child's participation in the program. I undertake to cooperate fully in these processes.

14) I understand that I may submit required information in written form or through voice/video submissions, using secure formats (Google Drive, email, WhatsApp), or request a one-on-one appointment with SK's assessment team.

15) I take full responsibility for any reckless or unsafe behaviour by my child that may cause harm to themselves, others, or damage to property. I agree to bear the cost of repairs, replacements, or treatments necessitated by such actions.

16) I will comply with all policies and procedures during the assessment process, and I acknowledge SK's right to withdraw the assessment or admission at any point if guidelines are not followed.

17) I understand that providing inaccurate, falsified, or incomplete information may result in cancellation of the admission process at any stage.

By signing below, I affirm that I have read, understood, and agreed to all terms outlined above. I further declare that all information I have provided is true, complete, and accurate to the best of my knowledge and belief.

Parent/Guardian Name: _____

Child's Name: _____

Relationship to Child: _____

PARENT'S SIGNATURE: FATHER

PARENT'S SIGNATURE: MOTHER

DATE