



The Com DEALL Trust
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For office use only:

Application No:	Date of receiving application form:
CDCT No (if allotted)	Application for toddler/ preschool group program:
Age as of July __:	Comments (if any):

APPLICATION FORM

Instructions:

1. A form will be considered complete if all the information is entered and the signature is provided at the end of the form
2. Any wrong / mis-information will automatically disqualify the application
3. Completed applications on submission will be considered for admission on first cum first serve basis
4. Admission process is not completed unless the office informs you about the same explicitly.
5. The communication about the application, screening and consideration for admission will commence in May every year and end before June of the same year at the Com DEALL HO for its groups.

Child's Name	
Date of Birth	
Sex	
Parental Details:	
Father's Name	
Educational Qualification	
Occupation	
Annual Income	
Mother's Name	
Educational Qualification	
Occupation	
Annual Income	
Address	Telephone
	Mobile Number
	Email
City / Unit for which the application is processed	
Mother tongue	
Languages that the child is exposed to	
Referred by	
If self referred, how did you learn about the program?	

Previous evaluations (please provide complete details and attach copies of reports)						
No.	Date	Evaluation by	Place	Tests administered	Diagnosis	Recommendations

Current Status	
Communication	
Cognitive skills / Academic skills	
Social skills	
Behaviour	
Any other	

Previous interventions	
Medication	
Behaviour modification	
Special education	
Occupational therapy (Sensory Integration)	
Speech therapy / Communication therapy	

Other interventions / schooling currently being received / proposed – (also indicate frequency)
Any other relevant information / remarks?

Signature of Parent / Legal Guardian

Date & Place

Name

Relation to the child