**Admission No : …………………………..**

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**ST.ELIZABETH ENGLISH MEDIUM SCHOOL**

Photo

**Affiliated to CBSE , DELHI – Code No. 931088**

**Ponganamkad , Kurichikkara P.O,680028,Thrissur.**

**Ph. 0487-2695073.**

**APPLICATION FORM FOR ADMISSION**

1. **Name of pupil(in Block letters)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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**(As in the Birth Certificate) :**

1. **Boy/Girl : …………………….…………………………………………………………………….**
2. **Identification mark (must) : ……………………….…………………………………………………………………**
3. **Schools previously attended : 1………………………..………………………………………………………………**

**2……………………..…………………………………………………………………**

1. **Date of Admission : ……………………………………………………………………………………………**
2. **Date of leaving : ……………………………………………………………………………………………**
3. **Standard to which admission**

**is sought(in words) : ……………………………………………………………………………………………**

1. **Date of Birth Date Month Year**

|  |  |  |  |
| --- | --- | --- | --- |
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**(Please attach the attested :**

**Copy of birth certificate)**

1. **Aadhaar Number : ……………………………………………………………………………………………**
2. **Nationality : ……………………………………………………………………………………………**
3. **Religion : ………………………………………………..…………………………………………**

**(caste & division) : …………………………SC/ST OBC OEC General**

1. **Name of Father (as per birth certificate) : ……………………………………………………………………………………………**

**Educational Qualification & Occupation : ……………………………………………………………………………………………**

1. **Name of Mother(as per birth certificate) : …………………………………….……………………………………………………**

**Educational Qualification & Occupation : ………………………………………..………………………………………………….**

1. **Permanent Address : ………………………………………………………………………………………….**

**…………………………………………………………………………………….……………**

1. **Contact Address : …………………….……………………………………………………………………**

**…………………….………………………………………………………………………**

1. **E-mail & Contact Number : …………………………….……………………………………………………………**

1. **Children, if any, already studying : 1. ………………………….……………………………………………………………**

**in this school 2. ……………………………..…………………………………………………………**

1. **Any illness/Allergies etc. : …………………………..………………………………………………………………**
2. **Date of last vaccination : ……………………...……………………………………………………………..……**
3. **Blood group : ……………………………………………………………………………………………**

**DECLARATION**

**I solemnly declare that the above particulars about ……………………………………………………… are true and correct.**

**Place ………………………….**

**Date ………………………….. Signature of parent or guardian ……………………………….**

**Name : ………………………………………………………………….….**

**Relationship:……………………………………………………….…...**

**N.B : The date of birth should be entered with particular care as no change can be made later on.**