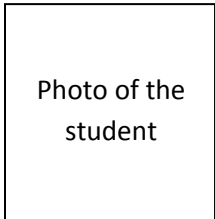




ST. CLARET PUBLIC SCHOOL

Affiliated to CBSE New Delhi (Aff. No. 931036)

APPLICATION FOR ADMISSION



1. Name of the pupil (in capital letters).....

2. Full Address

Phone.....

Declaration by Parent

I will obey all the rules and regulations of St. Claret Public School and consent to abide by them. I promise to be loyal and obedient to everyone in authority and refrain myself from any act of misconduct and misbehavior in words or deeds. Violating the above may call for the dismissal of the child. I also agree to follow the decisions taken by the school authority regarding my child. I shall uphold all the values and ethics of the school.

Specimen Signature:

Signature of the Parent

Father's:

Mother's:

Date:

(For office use only)

ST. CLARET PUBLIC SCHOOL



Name of the Pupil

Father's Name

Mother's Name

Class

Date of Admission

Date of Birth

Address

Phone

ST. CLARET PUBLIC SCHOOL

Charity, Vythiri P.O, Wayanad Dt. Pin. 673576

1 Name of the Pupil in Full (Block Letters)

2 Boy Girl 3. Date of Birth

4 Place of Birth Village

Town Taluk District

5 (a) Father's Name Living Not Living

(b) Mother's Name Living Not Living

6 (a) Father's Occupation

(b) Mother's Occupation

(c) Parent's Annual Income

7 Pupil staying with Parents Guardian

8 Guardian's Name and Address

9 Nationality Religion Caste

10 Mother Tongue

11 Number of Brothers: Elder Brother Younger Brother

12 Number of Sisters: Elder Sisters Younger Sisters

13 Requirement of School Bus Service Yes No If yes, Boarding at

Date

Signature of Parent or Guardian

Particulars to be filled by the office

Admitted to: section on payment of prescribed fee

Date of Admission Admission No: fee Receipt No:

Date

Signature of Headmaster

ADMISSION WILL BE PURELY BASED ON THE INTERVIEW OF THE CHILD

Please bring along the following things with the filled form:-

- Copy of Birth Certificate (Hospital/ municipality / Church)
- Three passport size photos

ST. CLARET PUBLIC SCHOOL

Charity, Vythiri P.O, Wayanad Dt. Pin. 673576

For the Identity Card

Name of the Student :

Name of the Parent or Guardian :

House Name :

Postal Address :

Mobile Number :

For school bus service

Name of the student :

Std :

Guardian :

Address :

Phone number (1) (2) :

Boarding at :

Bus No :