

APPLICATION FORM

No	٠				 				

Student Admission No (for office use only) Class applied for
STUDENT INFORMATION
First Name:
Date Of Birth:
Do You Belong To: SC ST OBC Address Local: ST
Mobile: E-mail: FAMILY INFORMATION
Father's Name: Mother's Name: Mother's Occupation: Mother's Occupation:
Annual Income Of Father/Mother:

No Of Sibilings:						
Name	Age	Grade	Current School			
ACADEMIC INFOR	RMATION					
Class Currently Stud	dying In:					
Class Seeking Adm	ssion To:					
Name Of Previous S	School Attended:					
Medium Of Instruction	on					
2nd Language Stud	ied:					
3d Language Studie	ed:					
HEALATH INFOR	MATION					
	Height :	<mark>cms</mark> Weigh	ıt :kgs			
Does Your Child Ha	S					
Any Kind Of Learnin	gg					
Disability Or Any						
Similar Concerns Ar	ny					
Health Concerns?						
Speech, Physical/A	ny					
Allergies Or Health)						
Identification Marks		<u></u>				
IN CASE OF ANY E	MERGENCY PLEASE CO	NTACT				
Name:						
Address:						
Mobile: (1)						
Telephone:						
I Promise To Obey The	Rules And Regulations Of The S	chool, I Will Abide By The Sc	nool Policies In All Academic			
And Discipilanary Matte	ers					
Date	Signature Of The	e Father Si	gnature Of The Mother			
For office use only						
Admission Status:		Approve	d/Not Approved			
Principal		Mangag	ement Representative			
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FOR CLASS XI ONLY

Optional subject. (S	Select any two)		
Health Care :			
Computer Science:			
Physical Education:			
Main Subjects (sele	ect Any - 4)		
English			
Hindi			
Physics			
Chemistry			
Mathematics			
Biology			
Business Studies			
Accounts			
Economics			
		DECLARATION	
I Promise to ob	pey the rules and	regulation of the school; I will abi	de by the school policies in
all academic and disc	iplinary matters.		
Date		Signature of the Father	Signature of the Mother
For office use only			
Admission Status :			Approved/Not Approved