SANJOS METROPOLITAN SECONDARY SCHOOL 919

Cathedral church compound, Holloway Road, Thalassery - 670101

No. CBSE/Aff:/930594

Admission No. ☐

APPLICATION FOR ADMISSION

Name of the Pupil (in block letters) : .....

Father's name (in block letters) : .....

Mother's name (in block letters) : .....

Local guardian's name : .....

Relationship of the pupil to the guardian : .....

Photo

Home Address : .....

: .....

: .....Phone .....

Office Address : .....

: .....

: .....Phone .....

Occupation of the father : .....

Occupation of the mother : .....

Annual income of the family : .....

No.of brothers : .....No. of sisters: .....

Nationality : .....Religion: .....Caste.....

Age : ..... Date of birth .....

Sex : .....Class .....

Name of the school previously attended : .....

Note: *The date of birth to be entered in the form, only in accordance with the official birth certificate and will remain unchanged in any case.*

DECLARATION

I ..... Father / Guardian of ..... do hereby declare that the particulars entered in this form are true to the best of my knowledge and belief and also that I have read the rules of discipline of the school and that I undertake that we will abide by them. I further declare that the date of birth of my child given above is correct and I will not apply in future for a correction of the date of birth.

Place:

Date: Signature of Father / Guardian

FOR OFFICE USE ONLY

Date of Admission:

Admission No. :

Class:

Manager / Principal