

919

SANJOS METROPOLITAN SECONDARY SCHOOL

Cathedral church compound, Holloway Road, Thalassery - 670101

No. CBSE/Aff:/930594

Admission No.

APPLICATION FOR ADMISSION

Name of the Pupil (in block letters)	:	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;">Photo</div>
Father's name (in block letters)	:	
Mother's name (in block letters)	:	
Local guardian's name	:	
Relationship of the pupil to the guardian	:	
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