



NAME & ADDRESS OF THE GUARDIAN (IF APPLICABLE):

MOBILE NUMBER & EMAIL ID:

STUDENT'S RELATIONSHIP WITH GUARDIAN:

DETAILS OF TRANSFER CERTIFICATE: T.C NO. DATE OF ISSUE:

ANY SPECIAL LEARNING / PHYSICAL DIFFICULTY (IF YES, SPECIFY):

BOARDING POINT IF SCHOOL TRANSPORT IS REQUIRED:

I/WE, & MOTHER / FATHER / GUARDIAN OF

DO HEREBY DECLARE THAT THE PARTICULARS ENTERED IN THIS FORM ARE TRUE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF, AND THAT I/WE WILL ABIDE BY THE RULES & REGULATIONS OF THE SCHOOL.

SIGNATURE: FATHER (FULL NAME)

SIGNATURE: MOTHER (FULL NAME):

DATE: PLACE:

**FOR OFFICE USE ONLY**

ADMISSION GRANTED / NOT GRANTED : \_\_\_\_\_

CLASS TO WHICH THE STUDENT IS ADMITTED : \_\_\_\_\_

DATE OF ADMISSION : \_\_\_\_\_

ADMISSION NUMBER : \_\_\_\_\_

SIGNATURE OF THE PRINCIPAL

SIGNATURE OF THE ADMINISTRATOR