

JAY BHARATH CENTRAL SCHOOL

Avanavanchery P.O, Attingal, 695 103

Phone: 0470-2633100/2631133

Application for School Admission

1. Name of pupil with Initial :
2. Name of parent / Guardian }
Relationship of the Pupil to the guardian }
Name of Mother }
3. Occupation and address of parent/guardian with Telephone Nos if any :
4. If the pupil attended any school before, Please state the name of school and period of study } School- Standard - Year
5. Date of Birth (In Figures) :
(Inwords) :
6. Completed age as on application : Year.....Month.....
7. Religion/Community :
8. Nationality/In which State :
9. Belongs to SC/ST/OBC or convert from SC/ST :
10. To which class seek admission :
11. Mothertongue :
12. No and date of TC produced if applicable :
13. Date of Last vaccination :
14. Personal marks of identification of the pupil : } 1.
2.

DECLARATION

I.....Parent/Guardian ofhereby declare that the statements furnished above are true to the best of my knowledge and belief. I do not change or alter the date of birth of my son/daughter/ward and is the correct date of birth entered in to the registry. I here by agree to abide by the rules & regulations of the school.

Place:

Date:

Signature of Parent/Guardian

TO BE FILLED IN BY THE HEAD OF INSTITUTION