

ADMISSION FORM

AL- AQSA PUBLIC SCHOOL, KATHIKODE

Affiliated to CBSE NO: 931110, New Delhi.

P.O.Koolimuttam, Thrissur Dt., Kerala, Pin-680691

Phone: 0480-2846995, 9446342995, 9446246995

E-mail:alaqsapublicschool@gmail.com, Website:www.alaqsapublicschool.com

1. Name of the pupil (in capital) As per the TC/Birth Certificate	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																				
2. Sex (M/F)	<input type="checkbox"/>																																				
3. Name of mother (Occupation and Edl.Qualification of mother)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																				
4. Name of father (Occupation and Edl. Qualification of father)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																				
5. Name of the local guardian, Relation to the pupil, Contact No.																																					
6. Permanent Address	House Name: _____ Place: _____ Post: _____ District: _____ Pincode: _____																																				
7. Present Address	House Name: _____ Place: _____ Post: _____ District: _____ Pincode: _____																																				
8. Contact Details	Email Id _____ Landphone _____ Mobile.....																																				
9. Date of Birth (in Figures) (in words)																																					
10. Age as on 31/05/..... (No. of years & completed months should be given)																																					
11. Religion and caste																																					
12. Nationality and State to which the pupil belongs																																					
13. Whether belongs to SC/ST/OBC																																					

14. Standard to which admission is sought (in words)	
15. Mother tongue of the pupil	
16. Health particulars a) Whether vaccinated against Diphtheria, Measles, Polio, BCG etc. b) Whether the pupil is suffering from any disease. c) Is the pupil allergic to any specific medicine?	
17. Personal marks of Identification	

DECLARATION

I undertake that my ward will abide by the rules and regulations of the school. I solemnly declare that the above particulars about my ward _____ are true and correct.

Place _____

Date _____

Signature of Parent/Guardian
Name

FOR OFFICE USE ONLY	
1. No. and Date of TC produced on admission	
2. Name and Address of the School	
3. Whether the School previously attended is Recognized Yes/No.	
4. Name of the Board & Medium of Institution	
5. Date of Admission	
6. Standard to which the pupil is admitted	
7. Admission No.	
8. Bus Boarding point	
9. Fee Details	
Verified by	Signature of principal

