



STUDENT'S DETAIL

Admission Sought to Class

(Entry age for LKG is 3 to 4 years; add one more year for each class thereafter).

Academic Year Date

Full Name in Block Letters

Date of Birth

Gender

Religion

Community

Nationality

Caste

Mother Tongue

Second Lang

Medical Information:

Blood Group

Allergies

Physical disability

Any Other Health Problem

Name of the Family Doctor

Contact Number



PARENTS DETAILS

	Father	Mother
Full Name	<input type="text"/>	<input type="text"/>
Educational Qualifications	<input type="text"/>	<input type="text"/>
Address for Correspondence	<input type="text"/>	<input type="text"/>
City & Pin Code	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>
Residential Tel.	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>
E-mail	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
Company	<input type="text"/>	<input type="text"/>
Annual Income	<input type="text"/>	<input type="text"/>
Permanent Address	<input type="text"/>	<input type="text"/>

SIBLINGS DETAILS

Name	Age	Gender	School/College
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



PREVIOUS SCHOOL DETAILS (Please list most recent School first)

School Name	Class	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

FACILITIES YOU WOULD LIKE TO AVAIL

Food Facility Yes No

Transport Facility Yes No

If yes Mention the Boarding Point

DOCUMENTS TO BE SUBMITTED ON ADMISSION

- Recent passport size photographs of Students (6).
- Recent passport size photographs of Parents (2).
- Photocopy of Birth Certificate (2).
- Photocopy of Community Certificate (2).
- Original T.C of the previous school attended. (If applicable)

DECLARATION BY PARENT / GUARDIAN

I / We have read, understood and agreed to the contents of this form. I understand that this document forms part of the admission documentation required for admission to Chandra National School and for statutory purposes for the Department of Education. All documents required to be submitted with this application are attached. For required documents not attached, I/we undertake to furnish such documents by the date specified by the School, failing which the admission may be subject to cancellation.

I, the Parent / Guardian confirm and declare that all the information set out in this application is true and accurate.

Date **Sign of Parent / Guardian** **Name of Parent / Guardian**

For Office Use

Admitted to Grade *Office Incharge/H.M* *Principal/Secretary Sign* *Student Reg. No*
