

ST. ANTONY'S PUBLIC SCHOOL

CBSE REG NO: 930827 KIZHAKKAMBALAM- 683562, PHONE: 0484 - 2686397

APPLICATION FOR ADMISSION

Photo with date

mission No :			(To be filled by o
ss to which admission sought:		Session :	
RSONAL DETAILS:			
Name: First Name:			
Middle Name:			
Last Name :			
. Gender : Male	Female	An	y other
. D.O.B :	m m y y y y		
	m m y y y y		
	ficate issued by Competent A		
. Details of parents:			
Details	Mother	Father	Guardian
Name			
Residential Address			
Educational Qualification			
Occupation			
Official Address			
Mobile No:			
WhatsApp No:			
E -mail			
Annual Income (in Rupees)			
. Whether the candidate is:			•
	Yes	No	
(i) Single Girl Child			
(i) Single Girl Child(ii) Specially abled (Divyangan): Yes	No	
-		No No	

8. Mention whether the child has gone to Pre school:

	please specif	ICSE (iii) II fy):	B (iv) St	tate Boar	rd	
Result of la	st class oject	Maximum Marks	Marks	% of	Marks	Remarks
		Waximum Warks	Obtained	70 01	IVIAI KS	Remarks
	rtificate Deta		Data of Issuer		•	7
	ertificate No: iblings (if an	L	Date of Issue:			
SI	e of the Student	Class & Section		Name of the School		
			DECLARATION	_		
Name and I by the rules	Oate of Birtl		luding Name of th	e Candi ny know	ledge and b	r's/ Guardian's Name, Moth elief. I promise that I shall al
Name and I by the rules Date:	Oate of Birtl	h furnished by me is corr	luding Name of th	e Candi ny know	ledge and b Signature of	elief. I promise that I shall at the Parent(s)/ Guardian
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SC-Sc Weak Educa Documents to 1. Copy of B 2. Copy of V 3. Recent Pas 4. Copy of Ca	heduled Caer Section, IB- In be submitted iirth Certificate accination Chasport size Phowadhar Card. attegory proof.	Admission Forms to Admid aste, ST Scheduled Trib CBSE-Central Board at the time of Admission: at the time of Admission:	OFFICE US OFFICE US ission and Withdrav es,OBC-Other Ba of Secondary Ed e, State Board SSI	e Candiny know	Signature of Relation with ster have been been displayed Communa, ICSE-In	elief. I promise that I shall all the Parent(s)/ Guardian candidate en made on page no Principal ity, EWS- Economically dian Council of School

9. Proof of Specially Abled Certificate from a registered Doctor of Rehabilitation Council of India, if the student is Specially Abled.

10. Copies of Certificates of Extra Curricular Activities, the child is good at.