



ST XAVIER'S SCHOOL, SURI

Dattapukur Suri, Birbhum - 731 101

PHONE : 09804829979 / 09804827979 / 09804825979

FAX : 03462 257447, e-mail : stxavierssuri@yahoo.in

School : 03462 207990, Hostel : 03462 259698

APPLICATION FOR ADMISSION

(FOR THE ACADEMIC YEAR)

(For Office Use Only)

Regn. No. : Date :

NAME OF THE CHILD

CLASS APPLIED FOR DATE OF BIRTH

AGE, AS ON 31 DECEMBER 2008 YEARS MONTHS

LANGUAGE(S) SPOKEN AT HOME

FATHER'S NAME AND EDUCATIONAL QUALIFICATION :

..... AGE

MOTHER'S NAME AND EDUCATIONAL QUALIFICATION :

..... AGE

PERMANENT RESIDENTIAL ADDRESS :

POSTAL ADDRESS :

| FATHER'S PARTICULARS | MOTHER'S PARTICULARS |
|---------------------------|---------------------------|
| PRESENT OCCUPATION | PRESENT OCCUPATION |
| ANNUAL INCOME | ANNUAL INCOME |
| OFFICE ADDRESS | OFFICE ADDRESS |
| TEL NO. MOBILE | TEL NO. MOBILE |
| E-MAIL | E-MAIL |

ACKNOWLEDGEMENT

FORM NO. DATE

NAME OF THE STUDENT CLASS APPLIED FOR

FATHER'S NAME

RESIDENTIAL ADDRESS

Please attach :

- one stamp size photograph of each parent / guardian duly signed
- one passport size and three stamp size photographs of the child to be submitted at the time of admission
- a copy of the child's birth certificate
- a copy of the school progress report (most recent)

INTERVIEW WITH HEADMASTER ON SIGNATURE (FOR ST XAVIER'S SCHOOL)

PREVIOUS SCHOOL (S) ATTENDED : (Please attach records of previous school, if any)

| NAME OF THE SCHOOL | PERIOD | REASONS FOR CHANGE |
|--------------------|--------|--------------------|
| | | |

DETAILS OF OTHER CHILDREN :

| NAME | AGE | CLASS | SCHOOL |
|-------|-------|-------|--------|
| | | | |

ANY SERIOUS ILLNESS / ALLERGIES / HANDICAP / LEARNING DIFFICULTIES : (Please attach medical certificate from a qualified doctor)

CHILD'S BLOOD GROUP

MENTION TWO OR THREE QUALITIES WHICH YOU WOULD LIKE YOUR CHILD TO DEVELOP AT ST XAVIER'S SCHOOL, SURI

DECLARATION :

WE DECLARE THAT THE INFORMATION PROVIDED IS TRUE. WE UNDERSTAND AND AGREE THAT THE SCHOOL'S DECISION ON MATTERS OF ADMISSION WILL BE FINAL AND BINDING ON US.

SIGNATURE OF FATHER : SIGNATURE OF MOTHER :

DATE :



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