



Rajagiri L F Kindergarten

Manappuram, Cherthala, Alappuzha-688526

Office: 0478-2532683

E-mail- rajagirist.chavara@gmail.com

Website- www.rajagirimanappuram.com

APPLICATION FORM FOR ADMISSION

Admission No (office use)

Affix photo of Father

Affix photo of Mother

Affix photo of Student

Class to which admission is required

Academic year

Note: PLEASE USE CAPITAL LETTERS ONLY

We, _____ and _____ wish to admit our son/daughter/ward whose particulars are given below in class _____ at Rajagiri St. Chavara CMI Public School Manappuram.

A. INFORMATION OF THE CHILD

Name

Gender

Male Female

Date of Birth

DD MM YY

Date of Birth in words

Age (as on first June of the Admission year)

Y M DD

(No. of Years, months and days)

Blood Group

Religion

Cast

Nationality

Aadhar No

Community

SC/ST

OBC

GENERAL

OTHERS

PERMENENT ADDRESS

Pin: _____
Father's Mobile No: _____
E-mail Id : _____

CORRESPONDENCE ADDRESS

Pin: _____
Mother's Mobile No: _____
E-mail Id : _____

Distance from school (in kms)

Preferred Phone Number for school SMS:

Emergency Contact No.(Res/Mobile)	Name of the person be contacted	Relationship

FAMILY INFORMATION

Father/ Guardian

Name:	Age:	Nationality:
Occupation:	Office Address:	
Qualification:		
Aadhar No:	Tel:	

Mother/ Guardian

Name:	Age:	Nationality:
Occupation:	Office Address:	
Qualification:		
Aadhar No:	Tel:	

Details of Brothers/Sisters of the student

Name	Age	Name of Institution	Standard

C. ENCLOSURES (All documents are mandatory at the time of admission)

- Birth Certificate original & its copy Transfer Certificate- original copy (if applicable) Vaccination Card Copy
 Aadhar card copy of parents & child Community Certificate: For Scheduled cast, Scheduled Tribes or Backward Communities

The above documents must be produced along with the filled in application form.

Please note: Staple all documents to the top left-hand corner of the application.

BOARDING POINT (if school bus facility is required)

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MEDICAL HISTORY OF THE CHILD

BIRTH HISTORY: Birth Details: Normal Caesarean Forceps

HEARING: Any difficulty observed: Yes No

Any Consultation with doctor done: Yes No

Explain: _____

VISION: Any Consultation with doctor done: Yes No

Use of Spectacles/ Corrective Lenses: Yes No

Any medication taken for any medical conditions, Such as attention deficit/ thyroid (hypo/hyper) any other conditions:

Any Allergy/any medical information that school should be aware of:

DECLARATION

I, _____ have the authority to admit my child/ward

_____,
into the school as the parent/legal guardian. I undertake the responsibility of providing any evidence needed to support the information provided here, if necessary for any reason. I declare that the statements provided in this application are correct to my knowledge and if found otherwise, I shall abide by the decision of the management. I agree to abide by the rules and regulations and the fee structure of the school.

Place:

Signature of Parent/Guardian

Date:

Office use only

Admission No:

Admitted to:

Date:

Signature of Headmistress