



Rajagiri St. Chavara CMI Public School

Manappuram, Cherthala, Alappuzha-688526

Office: 0478-2533240

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
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Date of Birth in words

Age (as on first June of the Admission year)

Y	M	DD
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(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:	
Designation:		
Aadhar No:	Tel:	

Mother/ Guardian

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

Details of Brothers/Sisters of the student

Name	Age	Name of Institution	Standard

B. DETAILS OF PREVIOUS STUDY

Year	School	Standard/Grade

The previous school affiliated to: SSLC CBSC ICSE OTHER

Awards won so far in sports, arts or academics

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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:
Date:

Signature of Parent/Guardian

Office use only

Admission No:

Admitted to:

Date:

Signature of Principal