

Karamcode P.O., Chathannoor, Kollam - 691579 Affiliated to CBSE - Delhi No. 930095 Ph: 0474 2590799, 8590703404 Email: scilore4future@gmail.com

## **ADMISSION FORM**

(To be filled in block letters)

Affix your latest Passport Size Photo

Sl. No.:	Class to which admission is sought : Adm. No.:			
PARTICULARS OF THE STUDENT				
Name of the pupil				
Date of Birth	: D M Y SEX			
Nationality				
Religion & Caste				
Whether belongs to : SC/ST/OBC & OTHERS (Furnish proof for Date of Birth)				
Aadhar No.				
FAMILY INFORMATION				
Name of Father				
Academic Qualification	on:			
Occupation				
Name of Mother				
Academic Qualification	on:			
Occupation				
PresentAddress	Pin			
Permanent Address	; Pin			

GUARDIAN'S INFORMATION					
Name of Guardian					
Relationship					
Address	:				
Land phone/Mob	:				
Do you need School T	ransport Facility :	Yes No			
(If Yes, fill the application for availing school conveyance)					
Whether any relative	studying in the school :	Yes No			
If Yes 1. Name	) <del>.</del>		Class : Div. :		
2. Name	):	Relation	Class : Div. :		
I solemnly declare that the particulars furnished above are true and correct to the best of my knowledge and belief. Further I solemnly affirm that I shall abide by the rules and regulations of the school, in force from time to time. I do hereby further understand that if any act of indiscipline, carelessness in studies etc, is noticed on the part of my ward, the school has the right to remove him/her from the rolls of the school  Place:  Date:  Name & Signature of the Parent/Guardian					
FOR OFFICE USE					
Admitted in class	·	Date of Admission			
Remarks, if any	:				

PRINCIPAL