# ARCHBISHOP MAR GREGORIOS PUBLIC SCHOOL

**Mar Gregorios Nagar, Kottoor P.O., Thiruvalla – 689 582, Kerala**

Phone: +91 9447563931 | Affiliated / Recognised Institution

## ADMISSION FORM FOR PLAY CLASS, LKG & UKG

Affix Recent Passport Size Photograph

**Application No:** .....

**Date of Issue:** .....

| | | |
|---|---|---|
| 1 | **Name of Student**<br>(In block letters; initials to be given at the end) | |
| 2 | **Class to which admission is sought**<br>(Play Class / LKG / UKG - in words) | |
| 3 | **Name of Parent / Guardian**<br>& Relationship to the student | |
| 4 | **Occupation & Full Address of Parent / Guardian**<br>Include contact telephone / mobile number | |
| 5 | **a) Date of Birth**<br>(In figures & words)<br><br>**b) Whether certificate from Panchayat / Parish / Regd. Medical Practitioner has been produced** | DOB:<br>Certificate: [ ] Yes [ ] No |
| 6 | **Age on date of application**<br>(Number of completed years and months in words) | Years: ..... Months: ..... |
| 7 | **Religion & Community** | |
| 8 | **Nationality & State to which the student belongs** | |
| 9 | **Whether candidate belongs to SC / ST / OBC or is a convert from SC / ST** | |
| 10 | **Mother Tongue of the student** | |
| 11 | **Aadhaar Card Number of the student** | |
| 12 | **Permanent Bodily Identification Marks** | 1. .....<br>2. ..... |

### DECLARATION BY PARENT / GUARDIAN

I, ....., parent / guardian of ....., do hereby declare that the particulars entered in this form are true to the best of my knowledge and belief, and that I have read the rules of discipline of the school and undertake that my ward will abide by them.

**Station:** ..... **Date:** ..... **Signature of Parent / Guardian:** .....

### FOR OFFICE USE ONLY

**Date of Admission:** ..... **Admission No:** ..... **Standard Admitted:** .....

**Fee Receipt No. & Date:** ..... **Signature of Principal:** .....

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## APPLICATION FORM FOR PRIMARY SECTION

**Affix Recent Passport Size Photograph**

**Application No:** .....

**Date of Application:** .....

| | | |
|---|---|---|
| 1 | **Name of Pupil**<br>(In block letters; initials at end) | |
| 2 | **Name of Parent / Guardian**<br>& Relationship to the pupil | |
| 3 | **Occupation & Full Address of Parent / Guardian**<br>Include contact telephone / mobile number | |
| 4 | **School Previously Attended**<br>(If any, specify standard completed and TC details) | |
| 5 | **a) Date of Birth**<br>(In figures & words)<br><br>**b) Certified by Parish / Panchayath / Regd. Medical Practitioner** | DOB:<br>Certified: [ ] Yes [ ] No |
| 6 | **Age on Date of Application**<br>(Number of completed years and months in words) | Years: ..... Months: ..... |
| 7 | **Gender / Caste / Sub-Caste** | Gender: [ ] Male [ ] Female<br>Caste: ..... Sub-Caste: ..... |
| 8 | **Nationality & State to which the pupil belongs** | |
| 9 | **Standard to which admission is sought**<br>(In words) | |
| 10 | **Mother Tongue of the pupil** | |
| 11 | **Aadhaar Card Number of the pupil** | |

### DECLARATION BY PARENT / GUARDIAN

I have read the rules of discipline of this school and undertake that my ward will abide by them. I solemnly declare that the above particulars are true and correct to the best of my knowledge and belief.

**Station:** ..... **Date:** ..... **Signature of Parent / Guardian:** .....

### FOR OFFICE USE ONLY

**Date of Admission:** ..... **Admission No:** ..... **Standard Admitted:** .....

**Remarks:** ..... **Signature of Principal:** .....