Form No.3   **APPLICATION FOR ADMISSION**   PHOTO

ST. SEBASTIAN'S PUBLIC SCHOOL, UDAYAMPEROOR -682307
Affiliated to CBSE, New Delhi- Reg.No.930863

#					
1.	**Name of Pupil** (*Initials to be given at the end*)				
2.	**Adhaar Number**			**Male**	**Female**
3.	**Name and address of the parent or guardian**				
4.	**Phone mob:**	**(1)**			
		(2)			
5.	**Name , address and occupation of local guardian in case of the pupil does not live with his/her responsible guardian**				
6.	**Occupation of the parent/guardian**				

7.	**Name of School(s) Previously attended with time in each**	**Standard**	**Date of Admission**	**Date of Leaving**

#			
8.	**a) Date of Birth (in figures and words)**		
	b) Whether certified extract from Register of births/declarations from parents or guardian/ from certificate from the Registered medical practitioner has been provided [*Vide rule VI-(I)*]		
9.	**Age on date of application** (*in words-number of year and complete months should be given*)		
10.	**Religion and Caste**		
11.	**Nationality and state to which the pupil belongs**		
12.	**Does the candidate belong to the scheduled castes or scheduled tribes or other backward communities or is he converted from scheduled castes or scheduled tribes**		
13.	**Standard to which the admission is sought** (*in words*)		
14.	**Mother tongue of the pupil**		
15.	**Language in which the pupil desires to be instructed**		
16.	**No. and date of transfer certificate produced on admission**		
17.	**Date of last vaccination**		
18.	**Whether immunized from Tetanus, Diphtheria, Measles ,Polio and B.C.G (Give details)**		
19.	**Identification marks**		
20.	**Does the pupil Need School bus facility (Tick the option)**	**Yes**	**No**

I have read the rules of discipline of this school and I undertake that my ward will abide by them.

I solemnly declare that the above particulars about my ward---are true.

Station: --------------------   Signature of parent or responsible guardian
Date: ---------------------------

TO BE FILLED IN BY THE HEADMASTER/PRINCIPAL

Date of Admission: -------------   Admission No: ------------------

Standard to which admitted----------   Signature of Headmaster/Principal

ST.SEBASTIAN'S PUBLIC SCHOOL
UDAYAMPEROOR

1.	**Name of pupil**						
2.	**Gender(Tick the option)**	**Male**		**Female**			
3.	**Standard, Division**						
4.	**Date of Birth**	**DD**		**MM**		**YYYY**	
5.	**Birth certificate number**						
6.	**Adhaar Number**						
7.	**Habitation name(Tick the option)**	**Rural**		**Urban**			
8.	**Residential address**						
9.	**Name of father/guardian**						
10.	**Name of mother**						
11.	**Ration card(Tick the option)**	**A P L**		**B P L**			
12.	**Religion**						
13.	**Caste**						
14.	**Category (Tick the option)**	**SC**	**ST**	**OEC**	**OBC**	**General**	**Minority**

Signature of parent

For office use only

A	**Admission number**	
B	**Date of admission**	

Signature of in charge

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PHOTO
(with uniform)

INFORMATION FOR IDENTITY CARD (FILL IN CAPITAL LETTERS ONLY)

ST.SEBASTIAN'S PUBLIC SCHOOL, UDAYAMPEROOR				
NAME OF STUDENT				
STANDARD		**DIVISION**	**DATE OF BIRTH**	
NAME OF PARENT				
ADDRESS				
PHONE NO.			**BLOOD GROUP**	

APPLICATION FOR SCHOOL BUS FACILITY

PHOTO

ST.SEBASTIAN'S PUBLIC SCHOOL
UDAYAMPEROOR

Affiliated to CBSE, New Delhi – Reg. No. 930863

KOCHUPALLY, NADAKKAVU PO, PIN:- 682307, PHONE: 0484 -2793760, 0484-2794022

1.	Name of pupil	
2.	Standard, Division	
3.	Name of parent/guardian	
4.	House name	
5.	Phone No. (residence)	
6.	Phone No. (mobile)	
7.	Name of the Panchayat / municipality/corporation	
8.	Street name	
9.	Road name	
10.	Nearest landmark	

Signature of parent/guardian

For Office use only

1.	Admission No.	
2.	Standard, Division	
3.	Bus stop	
4.	Bus No.	
5.	Bus driver	
6.	Bus attendant	
7.	Bus fee (per month)	

Signature of in charge