SACRED HEART ICSE & ISC JUNIOR COLLEGE

PERUNNA P.O., CHANGANASSERY - 2
Phone: No. 0481-2420534, 2422530

APPLICATION FOR REGISTRATION / ENTRANCE TEST IN STANDARD

(Please fill the Application form in CAPITAL Letters only)

1. Name of Student:

2. Medium in the last school:

3. Sex : M / F

4. Date of Birth : Date Month Year

Age on 1st June of the year of admission Sought Year Month

5. Religion : Caste :

6. Whether S.C. / S.T. / O.B.C. or O.E.C. : .....

7. Name of Father :

Occupation : .....

Educational Qualification :

8. Name of Mother :

Occupation : .....

Educational Qualification :

9. Home Address of Parent :

Phone : Mobile :

10. Local guardian's Name and address (if applicable)

11. Annual Income of Parent : Rs.

12. School previously attended :

13. Participation in co-curricular activities (if any) : .....

DECLARATION

I, ... Father / Mother / Local Guardian of ..... do hereby declare that the above mentioned particulars are true and correct to the best of my knowledge and belief. I promised that my ward comply with the rules and regulations of the school.

Place:

Date:

Signature

FOR OFFICE USE ONLY

Application No. : ..... Date of Application: .....