Student Application Form

ST. GEORGIA GIRLS' SCHOOL

Serial No.: _____

Student's Photo	Family Photo

Name of Student: _____

_____

Date of Birth: ☐☐☐☐☐☐☐☐ (Date Month year)

Age: ☐☐ ☐☐ ☐☐ as on 31st March (Years Month Days)

PERMANENT ADDRESS

Father's Name _____

_____

Land mark _____ Contact No. _____

Height: ☐☐☐ (Ft Inches) ☐☐☐ (Cms) **Weight:** ☐☐ Kg **Blood Group:** A☐ B☐ AB☐ O☐ +ve☐ -ve☐

Caste: SC☐ ST☐ BC☐ OBC☐ OTHER☐ **Religion:** ☐

(In Case of OBC/SC/ST Caste certificate has to be furnished along with the TC)

Adhaar No. ☐☐☐☐☐☐☐☐☐☐☐☐

Languages Spoken at Home: (1) ☐ (2) ☐

Mother Tongue: ☐

Siblings in the School: ☐

Record of Previous Class Attended

S. No.	Name of School	Class From	Class To	Year From	Year To	Board CBSE/ICSE/ State	Medium of Instruction	% of Marks in Last Class Passed	Reason for Leaving

Physical/Mental Disability and Medical History (if any)

S. No.	Type	Details	Present status
1.	PHYSICAL DISABILITY		
2.	MENTAL DISABILITY		
3.	PAST ILLNESS.		
4.	ALLERGY		
5.	CHRONIC MEDICAL PROBLEM		

Achievements in Academic/Sports/Co-Curricular Field

S.No.	Field	Year	Event	Details of Prizes/Award/Position

PART - II

PARTICULARS OF FAMILY

S.No.	Particular	Father	Mother	Brother/Sister	Brother/Sister
1.	Name				
2.	Date of Birth				
3.	Edn. Professional Qualification				
4.	Occupation				
5.	Annual Income				
6.	Tel. No. with STD Code Office Mobile Fax No. E-mail ID				

LOCAL RESIDENTIAL ADDRESS

Name of Student: _____ Class : _____

_____

Father's Name _____

LOCAL GUARDIAN _____

Relationship: _____

Address : _____

_____

Contact Telephone No. Resi. : ☐☐☐☐☐☐☐☐☐☐☐☐ Office: ☐☐☐☐☐☐☐☐☐☐☐☐

Mobile: ☐☐☐☐☐☐☐☐☐☐☐☐ Fax: ☐☐☐☐☐☐☐☐☐☐☐☐

E-mail ID: _____

Mode of Transport : Self ☐ School Bus ☐

I certify that Information furnished above is complete and correct to the best of my knowledge.

Signature of Father	Signature of Mother	Signature Guardian

Date: _____ Name (in Capital Letter): _____

Place: _____