



KANACHUR

PUBLIC SCHOOL

APPLICATION FORM

No.: 001

FOUR RECENT PHOTOGRAPHS	Date of Test:	Application No:	
	Admitted/Not Admitted:	Admission No:	
	Receipt No:	Fees & Amount \$:	
	May Register for: Class/Section	Date: / / DD MM YYYY	
Signature Registrar Cashier Principal

A. Name of Student :							
B. Father's Name :							
Mother's Name :							
C. Sex :	Male <input type="checkbox"/> Female <input type="checkbox"/>						
D. Date of Birth : (Exactly as in Birth Certificate or TC)	<table border="1"><thead><tr><th>Date</th><th>Month</th><th>Year</th></tr></thead><tbody><tr><td></td><td></td><td></td></tr></tbody></table>	Date	Month	Year			
Date	Month	Year					
E. Place of Birth :							
F. State :	Karnataka <input type="checkbox"/> any other <input type="checkbox"/> Outside India <input type="checkbox"/> (If any other specify.....)						
G. Mother Tongue:	Kannada <input type="checkbox"/> Konkani <input type="checkbox"/> Tulu <input type="checkbox"/> Beary <input type="checkbox"/> Malayalam <input type="checkbox"/> Tamil <input type="checkbox"/> (If any other specify.....)						
H. Religion :	Muslim <input type="checkbox"/> Hindu <input type="checkbox"/> Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Jain <input type="checkbox"/> (If any other specify.....)						
I. Caste : Sub Caste Group : SC/ST/Category (I/IIA/IIB/IIIA/IIIB) Attach an attested copy of the caste certificate if you belong to SC/ST Category I.							
J. School Last Attended Name & Address :							

K. Medium of Instruction :	Kannada <input type="checkbox"/> English <input type="checkbox"/> (If any other specify.....)																											
L. Syllabus Studied in previous School :	ICSE <input type="checkbox"/> CBSE <input type="checkbox"/> Karnataka State Syllabus <input type="checkbox"/> (If any other specify.....)																											
M. Year and month of Passing :	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 5px;">Month</td> <td style="padding: 5px;">Year</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	Month	Year																									
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N. Final Marks in previous School :	<table border="1" style="margin-left: auto; margin-right: auto; text-align: center;"> <thead> <tr> <th style="padding: 5px;">SUBJECT</th> <th style="padding: 5px;">Maximum Marks</th> <th style="padding: 5px;">Marks Obtained</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">ENGLISH</td> <td style="width: 50px;"></td> <td style="width: 50px;"></td> </tr> <tr> <td style="padding: 5px;">LANGUAGE.....</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">LANGUAGE.....</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">MATHEMATICS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">SCIENCE</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">SOCIAL STUDIES</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">ANY OTHER</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TOTAL</td> <td></td> <td></td> </tr> </tbody> </table> <p style="text-align: center; margin-top: 10px;">Overall Percentage</p>	SUBJECT	Maximum Marks	Marks Obtained	ENGLISH			LANGUAGE.....			LANGUAGE.....			MATHEMATICS			SCIENCE			SOCIAL STUDIES			ANY OTHER			TOTAL		
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TOTAL																												
O. Guardian (only if Father is not alive) Name, Address & Phone No. :																												
P. Relationship to Guardian :	Mother <input type="checkbox"/> Uncle <input type="checkbox"/> Any other <input type="checkbox"/> (If any other specify.....)																											
Q. Education of Father / Guardian :	Illiterate <input type="checkbox"/> Primary <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Postgraduate/Professional <input type="checkbox"/>																											
R. Occupation of Father / Guardian :																												
S. Monthly Income of the Family:	\$																											
T. Home Address, Contact No., Email :																												
U. Office Address of Father / Guardian, Contact No., & Email ID : Even if they are abroad																												

V. a) Is English spoken at Home	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Would you like Bus Facility	Yes <input type="checkbox"/>	No <input type="checkbox"/>

DECLARATION

I hereby declare that:

Date:

1. Information provided in this application is true to best of my knowledge.
2. I promise to abide by the rules an regulations of the school. I undertake to support Management in the enforcement of all rules & regulations including dress code.
3. My ward will participate in all activities in house & out bound filed trips for educational purposes, as a part of the regular school programme.
4. I will not hold the management responsible for any accidents either at the place of activity or enroute.
5. I take responsibility to make all payment of my ward such as tuition fees, bus fees and all other dues on time.

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Name & Signature of Parent/Guardian