

Student Admission Form

Form NO:

Location:

PAUL'S ACADEMY

know thyself for all



Admission Seeking In:

- Playgroup Nursery KG
 Standard one Class One Standard Two Class Two

To be completed by Parent / Guardian.

Please use CAPITAL LETTERS to complete the form



Candidate's Personal Details:

Student's Name:

Date of Birth: DD / MM / YYYY Gender: Male Female

Place of Birth: Nationality:

First Language: Other Languages Known:



Residential Address & Family information:

Address:

City: Zip Code: Thana: Country:



Father

Full Name:

E-mail: Educational Qualification:

Profession: Designation: Phone:



Mother:

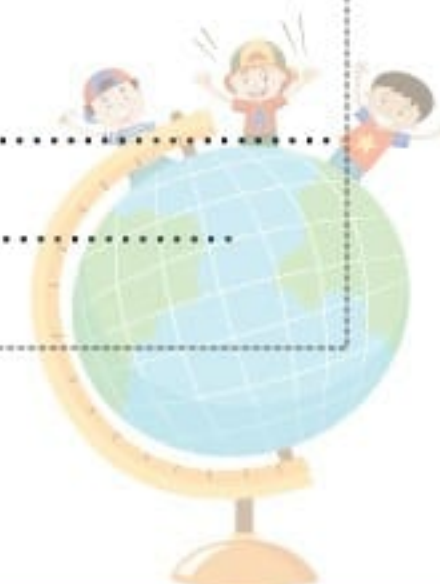
Full Name:

E-mail: Educational Qualification:

Profession: Designation: Phone:

Full Name: E-mail:

Relation with student: Phone:





In case of Emergency Call Order of Priority with 1st, 2nd, 3rd?

1st Relation:..... 2nd Relation: 3rd Relation:
 Number:..... Number:..... Number:.....



Sibling Information:

Sibling 1

1st Relation:..... 2nd Relation: 3rd Relation:

Date of Birth: ..DD... / MM... / YYYY Gender: Male Female (Please tick Appropriate)

School Name:



Reference Details:

Reference Through:

Address with Tel No:



Declaration:

I/we confirm that all the information provided by me/us is correct. I/we further agree to inform the school promptly, in writing, of any subsequent changes. I/We agree to meet financial responsibilities promptly. I/ We understand that any incorrect information given by melus will render this application invalid and, consequently, the admission granted will be cancelled.

Date:

Signature:
(Parent/Guardian)

For School office use only

Checklist:

- | | | | |
|---|---------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Birth Certificate: | <input type="checkbox"/> Passport | <input type="checkbox"/> School Report | <input type="checkbox"/> Transfer |
| <input type="checkbox"/> Passport size Photos | <input type="checkbox"/> Copy Medical | <input type="checkbox"/> Transportation Form | <input type="checkbox"/> Others |

Name of the Student: Form Admission Fees

Class: Section:.....



Date:

Signature:
(Admission Officer)