



# EMINENCE PUBLIC SCHOOL

AFFILIATED TO CBSE - CODE NO : 930175

P.O. BOX - 10, PANDALAM, PATHANAMTHITTA DISTRICT

Tel : 04734 250266 | Fax : 255926 | Mob : 9847435666

E-mail : eminenceschool1994@gmail.com | Website: www.eminencepublicschool.org

Affix  
Passport Size  
Photograph

(Please type, write or print using capitals and black ink)

Name of child as in Birth Certificate

Gender

Male

☐

Female

☐

Religion

Caste

Date & Place of Birth

Age on date Application (in words)  
(Number of years & completed month)

Aadhar No.

Identification Mark, Mother Tongue

Nationality & State to which the Child belongs

Does the pupil belong to the scheduled Caste/  
scheduled tribes/other backward Communities  
or is he / she a convert

Yes

☐

No

☐

SC

☐

ST

☐

OBC

☐

Class to which admission is sought (In words)

Class.....

Child is to study as

Boarder\*

☐

Day Scholar

☐

Day Boarder

☐

If Day Scholar / Day boarder with whom the  
child will stay ?

The Child would like to avail School Bus

Yes

☐

No

☐

If Yes, Specify the stop where the School bus pass by

Second language

Hindi

☐

Malayalam

☐

Any of the Child's own brother or sister studying/  
studied in this school ?

Yes

☐

No

☐

If yes;

Name	Class	Year
Name	Class	Year

Name of school last attended

Syllabus followed

CBSE

☐

ICSE

☐

O-Level

☐

State Board (Specify)

Special extra-curricular interest of the child

Sports

☐

Game

☐

Music

☐

Art/Elocution

☐

Has the child achieved any prize in Competition ?

Yes

☐

No

☐

If yes, give details

\* Fill in separate form for Boarding

# APPLICATION FOR REGISTRATION / ADMISSION

## DETAILS OF PARENTS

	FATHER	MOTHER	GUARDIAN
Name :	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality :	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation :	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual Income :	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth :	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address (Permanent) :	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile No. :	<input type="text"/>	<input type="text"/>	<input type="text"/>
Whatsapp No. :	<input type="text"/>	<input type="text"/>	<input type="text"/>
Land Phone No. :	<input type="text"/>	<input type="text"/>	<input type="text"/>

E-mail

Are there any family circumstances of the child which you feel we should be aware of ? Yes ☐ No ☐

If Yes, Please give details

Does your child need special medical care ? Yes ☐ No ☐

If Yes, please give details

Does your child have any learning disability ? Yes ☐ No ☐

If Yes, please give details

I \_\_\_\_\_ Father / Guardian of \_\_\_\_\_ do declare and verify that the above details given by me are correct and if found to be incorrect, admission may be rejected. I fully understood the rules and regulations of the school and accept my responsibility to see that my son/daughter/ward shall unquestionably abide by the decision of the Principal / Managment and render all co-operation to the School.

Signature of the Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

## DOCUMENTS REQUIRED

- Admission form duly completed.
- Attested copy for the Birth Certificate (Only for Play School / KG)
- 5 Copies of the Child's recent Passport size Photographs.
- Original Transfer Certificate and Mark List.

Admission No \_\_\_\_\_ Class \_\_\_\_\_ Date \_\_\_\_\_

Verified by

PRINCIPAL

MANAGER