De Paul Public School

Thodupuzha East P O, Idukki Dt., Kerala 685 585 Tel. No.: 04862 229155, Mob. No.:9446438000 Email:depaulpublictdpa@gmail.com



Application for Admission

(Write in block letters & tick wherever applicable)

Name of Pupil											
Gender	Male				Fen	nale		\supset			
Date of Birth(dd/mm/yyyy)](Age:	Yrs	Months
Aadhar No.											
Nationality											
Mother Tongue											
Religion & Caste							SC) (ST	OBC	GEN
Permanent Address											
Tel. No.											
Details of Parents				Mo	othe	r				Father	2
Name											
Contact No.											
E mail Id.											
Occupation											
Official Address											
Tel. No.											
Name of Guardian											
Contact No.											

Class to which admission is sought				
The school last attended				
Class last studied & year				
Syllabus followed	CBSE	ICSE	STATE	
Whether promoted or not	YES	NO		
T C No. and Date				
Name of siblings studying in this school with class				
Does candidate have any Learn- ing Disability				
Whether the candidate is an only child				

DECLARATION

I ______, the parent of ______ declare that I have gone through the rules and regulations of the school and I undertake that

my ward will abide by them.

Signature of the Mother

Signature of the Father

Date:										
	_	_	_	_	_	_	_	_	_	

For office use only

Admission Number	:	
Class to which admitted	:	
No. & Date of TC produced	:	
Date of admission	:	
Signature of the principal	:	