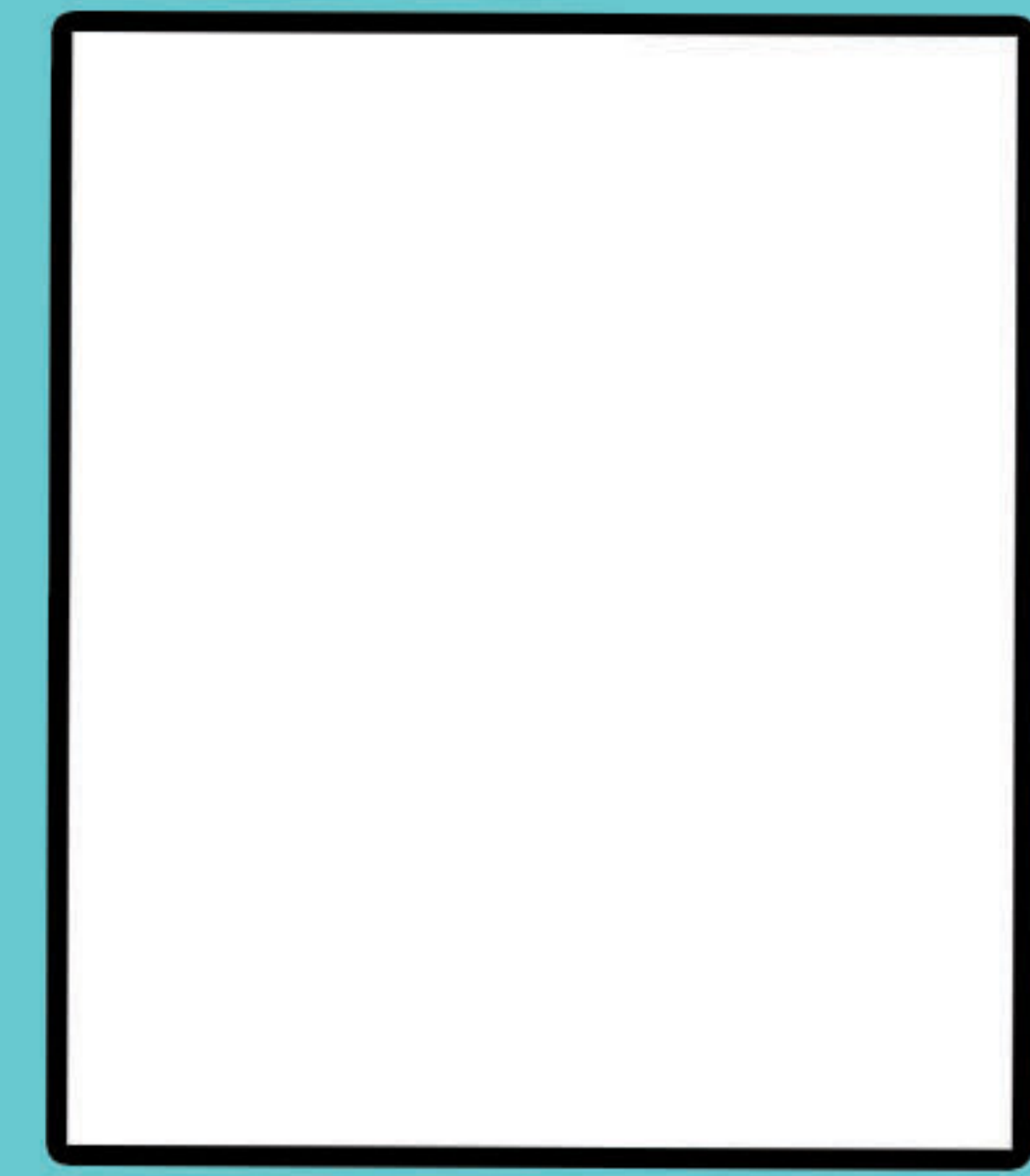




# UMERI ENGLISH SCHOOL

- DIGITALIZED -  
(SENIOR SECONDARY)

Affiliated to CBSE Delhi, Vide no : 930365  
VELIANKODE , MALAPPURAM, KERALA  
PIN - 679579  
PH: 0494 - 2677907



SL.NO :

## APPLICATION FORM FOR ADMISSION

### STUDENT'S DETAILS

Name of the Student (in block letters - as in birth certificate)

Religion

Caste

Gender

 M  F

Nationality

Age

DOB

 D  D M  M Y  Y

Blood Group

NPR No: / Aadhaar No:

### PERSONAL DETAILS

Name of Father

Name of Mother

Occupation of Father

Occupation of Mother

Ph: (Resi)

Ph: (Resi)

Mobile

Mobile

E-mail

E-mail

Permenant Address

Communication Address

Local Guardian

Ph:

Address

## SCHOOL PREVIOUSLY ATTENDED

Name of School  Std

Date of Admn  Date of Leaving

Reason for leaving

## OTHER DETAILS

Standard to which admn. is sought

No. and date of transfer certificate produced on admission

Identification Mark 1)

2)

Does your Child Suffer from

|  | Yes | No |  | Yes | No |  | Yes | No |
|--|-----|----|--|-----|----|--|-----|----|
|--|-----|----|--|-----|----|--|-----|----|

|           |                          |                          |          |                          |                          |                  |                          |                          |
|-----------|--------------------------|--------------------------|----------|--------------------------|--------------------------|------------------|--------------------------|--------------------------|
| Allergies | <input type="checkbox"/> | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | Heart Complaints | <input type="checkbox"/> | <input type="checkbox"/> |
|-----------|--------------------------|--------------------------|----------|--------------------------|--------------------------|------------------|--------------------------|--------------------------|

|        |                          |                          |          |                          |                          |            |                          |                          |
|--------|--------------------------|--------------------------|----------|--------------------------|--------------------------|------------|--------------------------|--------------------------|
| Asthma | <input type="checkbox"/> | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> | <input type="checkbox"/> | Hemophilia | <input type="checkbox"/> | <input type="checkbox"/> |
|--------|--------------------------|--------------------------|----------|--------------------------|--------------------------|------------|--------------------------|--------------------------|

Any other .....

## RULES AND REGULATIONS

- 1) Only the parents/guardians whose name is mentioned in the application will be allowed to contact the school for matter related to the students.
- 2) The attitude of students and parents should not be detrimental to the interest of institution other wise those students will not be allowed to continue in the institution.
- 3) Vehicle change by the students is allowed only after the prior approval from the school authority.
- 4) In case the school bus cannot operate any route due to the reason beyond our control, school will not be responsible for that

I have read the rules of discipline of this school and undertake my ward will abide by them. I solemnly declare that the above particulars about .....  
.....are true and correct.

Station :

Date :

Signature of parent/guardian

### TO BE FILLED BY PRINCIPAL

Date of admission

Standard to which admitted

Admission No: