Non-Transferable

Date of Application

HOLY CHILD ENGLISH SCHOOL

(Affiliated to C.B.S.E. Delhi), Affiliation No-230149

SCHOOL CONTACT
Gopalpur, Jamugurihat
Sonitpur, Assam
PHONE:+919101627344, +919854320317
E-MAIL: holychildenglishschool2003@gmail.com
Website:www.hcesjmg.com

FORM NO. HCES/Adm./2019-20/……..

Please affix one recent passport size photograph of candidate

(DO NOT STAPLE)

ADMISSION APPLICATION FORM

Please use black point pen to fill up this form:

Admission No. ☐☐☐☐☐ (Please leave it blank)

Class of Admission ☐

Students Name **First Name** ☐

Middle Name ☐

Last Name ☐

Sex **Male** ☐ **Female** ☐ (Please Tick) **Date of Birth** ☐☐ ☐☐ ☐☐☐☐

Caste **SC** ☐ **ST** ☐ **OBC** ☐ **Minority** ☐ **General** ☐ [Attested photocopy of Caste Certificate must be attached if other than General]

Name and contact information both Parents or Guardians

Father's/Guardian's Name ☐

Occupation ☐

Mobile Number(s) ☐

E-Mail ☐

Qualification ☐

Mother's Name ☐

Occupation ☐

Mobile Number(s) ☐

Qualification ☐

Present Address VILL ☐ PO ☐

DISTRICT ☐ PIN ☐

Permanent Address VILL ☐ PO ☐

DISTRICT ☐ PIN ☐

School Last Attended with Address [If applicable]

Any Brother(s) Sister(s) studying in this school

	Admission No.	Student Name
1.		
2.		

School Bus Service ☐ Yes ☐ No

(If Yes Mention Place and Bus Stoppage)

Record of Immunization taken (Please complete with care and accuracy)

Japanese encephalitis	☐ Yes	☐ No	Tetanus	☐ Yes	☐ No
Measles	☐ Yes	☐ No	DPT	☐ Yes	☐ No
Diphtheria	☐ Yes	☐ No	Hepatitis	☐ Yes	☐ No
Poliomyelitis	☐ Yes	☐ No	Rabies	☐ Yes	☐ No
Whooping Cough	☐ Yes	☐ No	Cholera	☐ Yes	☐ No

Disease of any serious illness for which child is on regular medicine:

Blood Group ☐☐☐ **Identification mark (if any)** _____

Declaration:

I/We wish to apply for admission of the above-mentioned student to Holy Child English School, Jamugurihat. I/We do hereby agree to abide by the terms of the prospectus, the rules and regulations of the school and the schedule of fees and payments as amended by the school at its discretion from time to time. I/We agree to permit photographs of my child/children to be used for the educational promotion of the school. I/We agree to accept the school's decisions in regard to student management, welfare and discipline. I/We hereby sign below as the legal custodian/s of the above-mentioned applicant having read and understood all documents pertaining to this enrolment process and further agree that the School reserves a discretionary right to either accept or reject this application without explanation.

Signature of Parent/Guardian 1. _____ **2.** _____ **Date.** _____

FOR OFFICE USE ONLY

Remark (If any) _____

_____

Admission Form Received on: Date _____ **Interview Date Allotted** _____

The Candidate has been/has not been selected for admission into Class _____

for session_____

Signature of Principal
Date_____