

Student Admission Form

Mount Litera

Zee School

Great School Great Future

S.No	Type	Details	Present Status
1	PHYSICAL DISABILITY		
2	MENTAL DISABILITY		
3	PAST ILLNESS		
4	ALLERGY		
5	C - IRONIC MEDICAL PROBLEM		

Serial No. : _____

School Address : _____

Student's Photo

Father's/
Mother's
Photo

Guradian's
Photo

Contact : _____

Name of Student: _____
 Surname First Name Middle Name

Date of Birth : _____ Age : _____ Gender : M F
 Date Month Year as on 31st March Year Months Days

PERMANENT ADDRESS

Village / Town : _____ District: _____

State : _____ PIN : _____

Height : _____ Weigh : _____ kg : _____ Blood Group: A B AB O +VE -VE

Cast: SC ST BC OBC OTHER Religion : _____

Languages Spoken at Home : (1) _____ (2) _____ Mother Tongue : _____

Siblings in the School: _____

Record of Previous Class Attended

S.No	Name of School	Class		Year		Board CBSE/ ICSE/ STATE	Medium of Instruction	% of Marks in Last Class Passed	Reason for Leaving
		From	To	From	To				

Physical / Mental Disability and Medical History (if any)

Achievements in Academic / Sport / Co-Curricular Field

S.No	Field	Year	Event	Details of Prezes/Award/Position

PART - II

PARTICULARS OF FAMILY

S.No	Particular	Father	Mother	Brother/Sister	Brother/Sister
1	Name				
2	Date of Birth				
3	Edn. Professional Qualification				
4	Occupation				
5	Annual Income				
6	Office				
	Tel.No. Mobile				
	With STD Code Fax No.				
	E-mail ID				

PERMANENT RESIDENTIAL ADDRESS

Flat /House No. : _____ Building Name : _____
 Street / Road : _____ Village / Town : _____
 City : _____ State : _____ Pin : _____

LOCAL GUARDIAN

Relationship : _____
 Address : _____

 Contact Telephone No. Resi. : _____ Office : _____
 Mobile : _____ Fax : _____
 E- Mail ID : _____

I certify that Information furnished above is complete and correct to the best of my knowledge.

Date : _____
 Place : _____

 Signature of Father/ Mother/ Guardian

For Office use only

Applied for admission in class _____
 Granted admission in class _____

 Authorised signatory