



ST.STEPHEN'S ENGLISH MEDIUM SCHOOL

(A Institution owned by St.Stephen's Orthodox Syrian Church Charitable Society)

Req. No. ALP/TC/566/2016

(CBSE SYLLABUS)

E-Mail: ssemeskattanam@gmail.com

Website: www.ststephensschoolkattanam.com

PALLICKAL P.O., KATTANAM, KERALA - 690503
Phone: 0479-2330061

*RECENT
PHOTOGRAPH*

● APPLICATION FOR ADMISSION ●

Sl. No.:

1. Name of Pupil in full (in BLOCK Letters)
as given in the birth certificate :

2. Class to which admission is sought :

3. Sex : Male Female

4. a) Date of Birth
 i) In figures :

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 Day

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 Month

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 Year
 ii) In words :

b) Age (As on 1st January of the year
of admission) :

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 Year

--	--

 Month

5. Religion and Denomination :

6. Nationality and state to which
the pupil belongs :

7. Aadhaar No. (Pupil) :

8. a). Name of Father (in BLOCK Letters) :

b). Name of Mother (in BLOCK Letters) :

9. Address
 i). Present :

.....

Telephone with Area Code

ii). Permanent

.....

[View Details](#) | [Edit](#) | [Delete](#)

...Pin.

Telephone with Area Code : Mobile

Mobile

E-Mail ID :
.....

Whatsapp No.

Occupation of Father

Educational Qualification

Office Address

Pin

Telephone with Area Code : Mobile

[REDACTED] Mobile [REDACTED]

Occupation of Mother _____

Educational Qualification

Office Address _____

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Pin

Mobile

10. Annual Income of Parents

11. Name and Address of the Local Guardian, If applicable :

..Pin.

Relationship with Local Guardian

.....

Telephone with Area Code : Mobile

Mobile

12. Emergency Contact Numbers other than that of parents	:								
Telephone with Area Code	:	<input type="text"/>				Mobile	<input type="text"/>			
13. School previously attended										
Name of school		Class	Date of Admission			Date of Leaving				
14.										
Indicate the caste to which the candidate belongs					SC	ST	OBC	Converts	Others	
15. Mother tongue of the Pupil :										
16. Medium of Instruction in the Previous School :										
17. Identification Marks i. ii.										
18. a) Number and Date of Transfer Certificate :										
b) Number and Date of Birth Certificate :										
19. How do you propose to send your ward to school (By School Bus/ Own Transport/Private arrangements) :										
If by School Bus, Boarding point :										
20. Health of Pupil a) When the child was last vaccinated ? :										
b) Other inoculation taken against diseases :										
c) Reactions to Medicines, if any :										
d) Any diseases the child had previously :										
21. Has the pupil shown any tendency, good or bad to which you would like to draw our attention ? :										
22. Siblings if any, who studied / studying in this school Give names, specially class last attended, year of study and relationship to the applicant :										

DECLARATION

We (1) (Father)

(2).....(Mother)

Parents of.....

solemnly undertake that our ward will abide by the rules and regulations of the school as given in the prospectus, school diary and as decided by the school authority from time to time. We agree to withdraw the ward if so directed by the school authorities.

Name and Signature

Station 1) Father

Date 2) Mother.....

PLEASE NOTE

1. Attach the copy of the Birth Certificate of the Pupil
2. Attach the copy of the mark list of the previous class, if applicable
3. Orginal Transfer Certificate is to be submitted at the time of admission
4. Copies of Aadhar card and Ration Card to be submitted

OFFICE USE ONLY

Date of Admission :

Class to which admitted :

Admission No :

SIGNATURE OF THE PRINCIPAL