

# MAR IGNATHIOSE NOORONO PUBLIC SCHOOL

Mekkadampu P.O, Muvattupuzha, PIN: 682316, Ph: 0485-2207199

CBSE Affln No:-930949



## KINDER GARTEN APPLICATION FORM

1.	Name of the Pupil (in Block letters)				
2.	Date of Birth		APL		BPL
3.	UID Number(Aadhar No)/ NPR No.				
4.	Father's Name and Occupation				
5.	Mother's Name and Occupation				
6.	Permanent Address	Temporary Address			
7.	Blood Group				
8.	Name of Guardian				
9.	Relationship between Guardian & Child				
10.	Address to which communications to be Sent.				
11.	Whether parent/Guardian employed, if so, details				
12.	Caste & Religion				
13.	Class to which admission is sought				
14.	Van Stop(if required)	Yes/ No			
15.	Bus Boarding Point				
16.	Mobile No.				

I ..... Hereby declare that the above statements are true and I will take the responsibility of looking after the studies of my ward during the course of study in the school.

Place:

Signature of Parent/ Guardian

Date:

**OFFICE USE ONLY**

Date of application received .....

Selected for admission to ..... 20.....

PRINCIPAL