

De Paul Public School

Thodupuzha East P O, Idukki Dt., Kerala 685 585

Tel. No.: 04862 229155, Mob. No.:9446438000

Email:depaulpublictdpa@gmail.com



Application for Admission

(Write in block letters & tick wherever applicable)

Name of Pupil		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth(dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Age: ___ Yrs. ___ Months
Aadhar No.		
Nationality		
Mother Tongue		
Religion & Caste	<input type="checkbox"/> SC	<input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> GEN
Permanent Address		
Tel. No.		
Details of Parents	Mother	Father
Name		
Contact No.		
E mail Id.		
Occupation		
Official Address		
Tel. No.		
Whatsapp No.		
Name of Guardian		
Contact No.		

Class to which admission is sought	
The school last attended	
Class last studied & year	
Syllabus followed	<input type="text" value="CBSE"/> <input type="text" value="ICSE"/> <input type="text" value="STATE"/>
Whether promoted or not	<input type="text" value="YES"/> <input type="text" value="NO"/>
T C No. and Date	
Name of siblings studying in this school with class	
Does candidate have any Learning Disability	
Whether the candidate is an only child	

DECLARATION

I _____, the parent of _____
 declare that I have gone through the rules and regulations of the school and I undertake that my ward will abide by them.

Signature of the Mother

Signature of the Father

Date: _____

For office use only

Admission Number : _____

Class to which admitted : _____

No. & Date of TC produced : _____

Date of admission : _____

Signature of the principal : _____