

APPLICATION FORM FOR ADMISSION



St. Xavier's High School, Cuttack

Session : 20..... - 20.....

Form Serial No.		Affix a recent Passport size Photograph here
Date of Submission		
Regn. No.		
Date :		
Admission Sought for Class		
Name of the Student (IN BLOCK LETTER)		
SURNAME		
MIDDLE NAME		
FIRST NAME		

FOR OFFICE USE ONLY	
Master/Miss _____	
has been admitted to class _____	on dt. _____
<i>Signature of Principal</i>	

1. Name of Student (IN BLOCK LETTERS)

2. Date of Birth

3. Place of Birth

4. Mother Tongue

5. Sex : Male Female

6. Nationality

7. Religion

8. Caste

9. Category : SC ST OBC GEN

10. Particulars of Father :

11. Particulars of Mother :

Name: _____

Name : _____

Age: _____ Qualification _____

Age: _____ Qualification _____

Occupation : _____

Occupation : _____

Approx. annual income Rs. _____

Approx. annual income Rs. _____

Place of Work : _____

Place of Work : _____

Phone : _____

Phone : _____

12. Address for Communication

Permanent Address

Phone: _____

Phone: _____

13. Details of Child's	Name	Age	Class	Name of School
Brother				
Sister				

14. (i) Hobbies: _____ (ii) Activity: Painting Games Song Dance Quiz Debate
If any other _____

15. Details of Previous School (i) Name of the School _____

(ii) Address _____

(iii) Standard Studying in _____ (iv) Affiliated to: _____

(v) Reason for changing the school _____

15 Medical Report (i) Height _____ Weight _____
(ii) Blood Group _____ Eye Sight _____
(iii) Physically handicap _____
(iv) Allergic to _____

16 Details of local Guardians (i) Name _____
(ii) Relation with student _____
(iii) Address _____
(iv) Phone No. _____ Mob.: _____

UNDERTAKING OF LOCAL GUARDIAN

I do undertake to represent for the parents of Master/Miss _____
in all P.T.M.s and / or whenever required by the school. I will make sure that all school dues are paid in
time, all necessary items (Books, Copies, Uniform and other stationaries) are supplied in time. I am
answerable for all behaviour and conduct of the child.

Signature of Local Guardian

17. If interested in School Transport YES NO
(I) Pickup Point _____ (ii) Dropdown point _____

18. Support Documents to be provided at the time of admission.

(i) Birth Certificate	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Undertaking <input type="checkbox"/>
(ii) Transfer Certificate from Previous School, Counter Signed.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Undertaking <input type="checkbox"/>
(iii) Progress Report of the Previous School	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Undertaking <input type="checkbox"/>
(iv) Photograph (2 passport and 2 stamp size)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Undertaking <input type="checkbox"/>
(v) Blood Group Report	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Undertaking <input type="checkbox"/>

To
THE PRINCIPAL
St. Xavier's High School,
Gallery No. 4, Barabati Stadium, Cuttack-1

I am interested in admitting my son/daughter/ward in class _____ of your school for the Academic year
20.....20..... I do hereby certify that the above particulars given by me are true and I agree to abide by
the rules and regulations of the School. I am providing the all support documents for the admission procedure.

Yours faithfully,

Signature of the Parent/Guardian

RULES AND REGULATIONS

1. To pay admission fees in cash only.
2. Not to request any adjustments/refund of fee under any circumstances.
3. To produce photocopy of Birth Certificate and verified from the original at the time of Admission.
4. To ensure that the T.C. is counter signed by the C.I. / S.I. or any Higher Authority.
5. To abide by the rules and regulations and procedure of admission, Examination, discipline, conduct etc. of the school and amendments/modifications there of time to time.

Date:.....

Signature of the Parent/Guardian

FOR OFFICE USE ONLY

ACCOUNTS
Paid the Admission Fees and three months School dues
Vide Receipt No. _____
Dtd. _____
Sign. of Accountant

P.R.O.
Admission No. _____
Page No. _____
Date of Admission _____
All signatures done _____
Sign. of P.R.O

RECOMMENDATION	
1. By (Name)	_____
2. For	_____

	_____ Approved by