

McLEOD'S ENGLISH SCHOOL

Affiliated to CBSE, New Delhi, No.: 930865 | An ISO 9001: 2015 Certified Institution

POOMALA P.O., SULTHAN BATHERY - 673592. WAYANAD, KERALA Tel. No. 04936 220 243. E mail ID : mcleodschoolsby@gmail.com web : www.mcleodsschool.com

ADMISSION FORM

ADMISSION NO.	TO BE FILLED BY THE OFFICE							
1. NAME OF THE STUDENT								
	PHOTO							
2. GENDER ☑ TICK THE APPROP	PRIATE							
MALE	FEMALE ANY	Y OTHER						
3. DATE OF BIRTH IN WORDS								
DATE	YEAR							
(ATTACH BIRTH CERTIFICATE ISSUED BY THE COMPETENT AUTHORITY) 4. DETAILS OF PARENTS:								
DETAILS	MOTHER	FATHER /	GUARDIAN					
NAME								
EDU. QUALIFICATION								
RESIDENTIAL ADDRESS								
PHONE NUMBER								
E-MAIL								
OCCUPATION								
OFFICIAL ADDRESS								
PHONE NUMBER								
ANNUAL INCOME								
5. WHETHER THE CANDIDATE IS: ☑ TICK THE APPROPRIATE (ATTACH PROOF WHEREVER APPLICABLE)								
(I) SINGLE GIRL CHILD	(II) SPECIALLY ABLED (DIVYAYAGJAN)	(III) BELONGING TO	THE EWS					
6. RELIGION 7. C	ASTE 8. CATEGORY ☑ TICK THE APPR							
	GENERAL SC SC	ST OBC	EWS					
9. AADHAAR NUMBER (ATTACH PROOF)								
10. NAME AND ADDRESS OF THE LAST ATTENDED SCHOOL 11. LAST CLASS ATTENDED								
		II. LAST	CLASS ATTENDED					

12. LAST SCHOOL AFFILIATED IS: ☑ TICK THE APPROPRIATE										
(I) CBSE	(II) ICSE	(III) IB			(IV) STATE BOARD					
(V) ANY OTHER (PLEASE SPECIFY)										
13. RESULT OF LAST CALSS :										
SUBJECT	MAXIMUM MARKS	MARKS/GRADE	OBTAINED	% OF MAF	RKS REMARKS	5				
	-									
14. MOTHER TONGUE OF 1	HE CHILD									
15. BLOOD GROUP	16. SPECIAL SICK	(NESS, IF ANY								
17. IF SCHOOL BUS CONVEYANCE IS REQUIRED, MENTION THE PLACE AND THE NEAREST BUS STOP.										
18. TRANSFER CERTIFICAT	TE DETAILS	ji								
TRANSFER CERTIFICATE NUM		DATE OF ISSUE :								
19. DETAILS OF SIBILINGS										
NAME	BROTH	HER / SISTER	AGE	sc	CHOOL STUDYING IN					
				-						
				-						
		OL A DATION	×.							
<u>DECLARATION</u>										
I / we hereby declare that the above information including Name of the Candidate, Father's / Guardian's Name,										
Mother's Name and Date of abide by the rules and reg	THE PARTY OF THE P		t to the best of	of my know	ledge & belief. I / we	shall				
Date :			Signature of Mother :							
Place :			Signature of Father :							

^{*} In case, student is from other board, Transfer Certificate should be countersigned by the Competent Authority.