

Phone : 26507234

S.V.V.P. ENGLISH SCHOOL

RECOGNISED BY THE GOVERNMENT OF KARNATAKA
#1386, 6th Cross, Banashankari 1st Stage, Ashoknagar, Bangalore-560 050

Photo

APPLICATION FOR ADMISSION

1. Name of the Pupil (in Block Letters).....
2. Boy or Girl..... Date of Birth.....
Date of Birth in words.....
3. Place of Birth, Village..... Town..... Taluk.....
District..... State.....
4. Aadhar Card No.
5. a) Father's Name in full (Living/Not Living).....
b) Mother's Name in full (Living/Not Living).....
6. Educational level of father..... Educational level of mother.....
7. a) Father's Occupation..... b) Mother's Occupation.....
c) Parents Annual Income..... d) Number of dependents.....
8. Permanent address of the pupil.....
.....
..... Phone No.....
9. Guardian's Name & Address (If not residing with parents).....
.....
..... Phone No.....
10. Nationality..... Religion..... Caste.....
11. Mother Tongue.....
12. Any other languages spoken.....
13. Schools last attended by the applicant.....
14. Do you possess a T.C..... If so, Date & No.....
15. Whether vaccinated or not.....
16. Optional subjects the candidate wishes to take.....
17. Languages studied.....
18. Medium of instruction the pupil had taken up in the school.....
19. Has the child passed through the entrance test. (Yes/No).....
20. Medium of Instruction the pupil had taken up in last school.....

I request that the above named pupil may be admitted to the Nursery/Primary/Higher Secondary/
High School..... Standard English Medium.

DECLARATION

I the Parent/
Guardian of.....here by agree to abide by all rules of the school
and any decision taken by the faculty during his stay in the school.

Ithe Parent/Guardian of.....
agree to pay all monthly dues by the 10th of each Month.

.....
Signature of the Parent/Guardian

(Address of person responsible for fees)

PARTICULARS TO BE FILLED BY OFFICE

Admitted into Nursery / Primary / Higher Secondary / High School.....
Standard.....on payment of Prescribed fee.

Date of Admission :

Admission No.:.....

Standard into which admitted.....

Fee Receipt No.....

Date :

Initial of the clerk :

.....
Signature of Headmistress