



# ST. THOMAS E/M SCHOOL

(Recognized by the Govt. of A.P.)

ATTALURU, PALNADU DIST., ANDHRA PRADESH - 522436

## ADMISSION FORM

Student's  
Recent  
Passport Size  
Photograph

Admission No.: \_\_\_\_\_ Year : \_\_\_\_\_

Class into which Admission is sought: \_\_\_\_\_ Gender : Male  Female

1. Name of the pupil in Full SURNAME : \_\_\_\_\_  
(IN BLOCK LETTERS) NAME : \_\_\_\_\_

2. a) Date of Birth (in Figures) : Date  Month  Year   
(in words) : \_\_\_\_\_

b) Place of Birth : \_\_\_\_\_

3. a) Name of the Father : \_\_\_\_\_  
b) Name of the Mother : \_\_\_\_\_

4. a) Nationality : \_\_\_\_\_ b) Religion : \_\_\_\_\_  
c) Caste (SC/ST/BC/OBC/OC) : \_\_\_\_\_ d) Mother Tongue : \_\_\_\_\_

5. Parents contact Details : \_\_\_\_\_  
\_\_\_\_\_

6. Class and Name of School last Studied and whether qualified for promotion : \_\_\_\_\_

7. Whether a transfer certificate or Record sheet is attached.  
If so, its number and date : \_\_\_\_\_

8. Whether birth certificate is attached : YES  NO

9. Marks of Identification : 1. \_\_\_\_\_  
2. \_\_\_\_\_

10. Aadhar No.: \_\_\_\_\_ Whether Aadhar card attached? YES  NO

11. Details of brothers / sisters Studying in our school : \_\_\_\_\_

12. Additional Information : \_\_\_\_\_  
(Not covering Col. 1 to 11)

### DECLARATION OF THE PARENT / GUARDIAN

I, Mr./Mrs \_\_\_\_\_

Parent / Guardian of \_\_\_\_\_ declare that the information given above is true to the best of my knowledge especially in the following aspects.

- I agree that any action taken by the school on any matter concerning my word will be final and binding on me.
- I will withdraw my word from the school if the principal feels that the student's presence in the school is detrimental to the interest of the school of his/her progress in studies does not come upto the minimum qualifying marks/ grades of promotion.
- I shall abide by rules and regulations formulated by St. THOMAS E/M SCHOOL from time to time and decisions taken by them.

*Signature of Parent / Guardian*

### FOR OFFICE USE ONLY

Admission Test on Date : \_\_\_\_\_ Admission No. : \_\_\_\_\_  
Result : \_\_\_\_\_ Signature of the Clerk : \_\_\_\_\_  
Class into which Admitted : \_\_\_\_\_ Date of Admission : \_\_\_\_\_

*Signature of the H.M. / Principal*