



LITTLE DAFFODILS SCHOOL

(AFFILIATED TO CENTRAL BOARD OF SECONDARY EDUCATION)

KOZHIKODE

APPLICATION FOR ADMISSION TO STD.

1. Full name of the Pupil :
(in Block Letter)
- 2 . Sex :
3. Date of Birth (Produce Age Proof) :
4. Mother's name in full :
5. Father's name in full :
6. Father's Occupation :
7. Father's/Guardian's Address :
(a) Official: (b) Residential:

- Phone No: Phone No:
8. Mother Tongue :
9. Religion 10 Caste
11. Whether SC/ST or OBC (Produce Proof) :
12. Father's Monthly Income :
13. Class to which admission is required :
14. Name of the last School attended (if any) :



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15. Any other information :

DECLARATION BY THE PARENT

- (a) I hereby declare that the date of birth in respect of my son daughter.....
.....furnished by me in column No. 3 is correct
and that I will not demand any change in it at any later date
- (b) Certified that the entries filled in the form are correct.
- (c) I shall abide by the rules of the school,
- (d) I understand that the fees once paid will not be refunded in any case.

Date

Signature of Parent

Name

FOR OFFICE USE

Admit (Name).....to Class

(Section).....

Principal /Authorised Official

Admitted to Class..... SectionAdmission Register No

Receipt NoBook No..... date.....

Certified that all entries have been made in the School Admission register and the dues realized by the office.

Teacher /Clerk.