

S.K.D. PUBLIC SCHOOL



(Affiliated to C.B.S.E., New Delhi)

SALEMPUR BULANDSHAHR

ADMISSION No.

ADMISSION FORM

AFFIX
PASSPORT
SIZE
PHOTO

To,
The Principal
Sir.

499

I request for the admission of my son/daughter to class in your school.

The Particulars are given Below:

- Name of the Student
- Date of Birth (in figures) (in words).....
(Photostat copy of the birth certificate to be attached)
- Male/Female Religion
- Father's Name Qualifications.....
- Mother's Name Qualifications.....
- Family Monthly Income
- Address : Residence
- Office/Business
- Phone (R)..... (O)
- Real Brother/Sister studying in this school :

Name	Class
(i).
(ii).
- Last School Attended

Note : I have not paid any donation to school authorities.

Your's faithfully

Date :

Signature of Parents/Guardian

APPROVED / NOT APPROVED

Date :

Principal

FOR OFFICE USE ONLY

Admitted to class Section

Admission Charges have been paid vide receipt no. Date

Dated :

Accountant