ADMISSION FORM <b>AUDISSION FORM</b> <b>AL- AQSA PUBLIC SCHOOL, KATHIKODE</b> Affiliated to CBSE NO: 931110, New Delhi. P.O.Koolimuttam, Thrissur Dt., Kerala, Pin-680691 Phone: 0480-2846995, 9446342995, 9446246995 E-mail:alaqsapublicschool@gmail.com, Website:www.alaqsapublicschool.com			
1. Name of the pupil (in capital) As per the TC/Birth Certificate			
2. Sex (M/F)			
3. Name of mother (Occupation and Edl.Qualification of mother)			
4. Name of father (Occupation and Edl. Qualification of father)			
5. Name of the local guardian, Relation to the pupil, Contact No.			
6. Permanent Address	House Name:		
	Place:  Post:    District:  Pincode:		
7. Present Address	House Name:		
	Place: Post    District: Pincode:		
8. Contact Details	Email Id		
	Landphone		
	Mobile		
9. Date of Birth (in Figures) (in words)			
10. Age as on 31/05/ (No. of years & completed months should be given			
11. Religion and caste			
<ul><li>12. Nationality and State to which the pupil belongs</li><li>13. Whether belongs to SC/ST/OBC</li></ul>			
TO WHETHER DEIDINGS TO SC/ST/ODC			

14. Sta words	ndard to which admission is sought (in	
16. He a) Wh Measle b) Whe disease c) Is th medici	e pupil allergic to any specific	
	<u>D</u>	DECLARATION
decla		e rules and regulations of the school. I solemnly ny wardare
Place Date		Signature of Parent/Guardian Name
	FOR	R OFFICE USE ONLY
	<ol> <li>No. and Date of TC produced on admission</li> <li>Name and Address of the School</li> </ol>	
	<ol> <li>Whether the School previously attended is Recognized Yes/No.</li> </ol>	
	4. Name of the Board & Medium of Institution	of
	5. Date of Admission	
	<ol><li>Standard to which the pupil is admitted</li></ol>	
	7. Admission No.	
	8. Bus Boarding point	
	9. Fee Details	
	Verified by	Signature of principal