



The School of The Good Shepherd

Lakeside, Akkulam, Thiruvananthapuram 695 017
Affiliated to CBSE (Affiliation Code No. 930703) Phone: 2597002 Fax: 2591254
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Application For Admission 20..... - 20..... (Please fill in this form carefully and return to the Office)

Application No.:070.....

Admission to class

1	(a) NAME OF THE PUPIL (BLOCK LETTERS)		
	(b) Name of the Pupil (in mother tongue)		
2	Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>
3	Place of Birth with State		
4	Date of Birth (Attested copy of Birth Certificate to be attached)	In figures	In words
5	Age as on 1st June 201		
6	Religion and Caste		
7	Whether SC / ST / OBC / OEC		
8	Nationality of the Pupil		
9	Name of Father		
10	Name of Mother		
11	Present Address of Parent		
12	Permanent Address of Parent		
13	Name & Place of the School Previously attended	Class	Year of study
			From To
	1		
	2		
	3		

14	Contact Numbers	<input checked="" type="checkbox"/> R
	M	<input checked="" type="checkbox"/> O
	E-mail	

15 Occupation and Official address of parent with annual income:

a. Father

b. Mother

16 Name, Address and occupation of the local guardian with Phone No., in case the Pupil is not residing with his / her parent

17 Mother tongue of the pupil

18 No. and date of Transfer Certificate produced on admission

19 Is any sibling of the applicant studying in this school? If Yes, Name, Class and Section

Mode of Conveyance

By school bus	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, boarding point		
Approx. distance from school		

Declaration

..... Father / Mother ofdo hereby declare that the above particulars are true and correct. I have read the rules on discipline of this School and undertake that my ward will abide by them.

Place :

Date :

Name and Signature of Father / Mother

For Office Use Only

Date of admission	Admission No.
Class and section to which admitted.....	

Signature Administrative Officer

Signature Principal