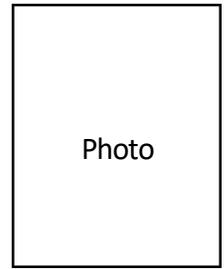




# CRESCENT PUBLIC SCHOOL

NH BYPASS ROAD, CHALAKUDY, THRISSUR (Dist.), Kerala, India – 680307  
 Ph : 0480-2701217, 2706222, 8592040969 E – mail : [crescentckdy@gmail.com](mailto:crescentckdy@gmail.com)  
 Website: [www.crescentpublicschool.net](http://www.crescentpublicschool.net)  
 (A Senior Secondary School – Affiliated to CBSE, Delhi)  
 Affiliation No. 930409



Sl. No.

## APPLICATION FORM (FOR LKG TO STD X)

Admission No. (To be filled by Office)	
Class to which admission sought	_____ Session : _____

**ALL ENTRIES SHOULD BE ACCORDING TO THE BIRTH CERTIFICATE OF STUDENTS**

### STUDENT DETAILS:-

1. Name	1) English (Block Letters)	
	2) Mother Tongue	
2. Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Any other <input type="checkbox"/>	
3. Date of Birth :	Date _____ Month _____ Year _____ in words:..... (Attach Date of Birth Certificate by the Competent Authority)	
4. Age as on 01.06.20..... -	.....yrs. ....months .....days	

### 5. DETAILS OF PARENTS:-

DETAILS	MOTHER	FATHER / GUARDIAN
Name		
Educational Qualification		
Permanent Address		
E-mail		
Occupation		
Official Address		
Annual Income		
Mobile No.		

<b>6. Whether the candidate is</b> i) Single Girl Child: ii) Specially abled (Divyangjan): iii) Belonging to the EWS: (Economically Weaker Section) (Attach proof wherever applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Category :	General <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> EWS <input type="checkbox"/>
8. Religion and Caste:	
9. Aadhar No. of student (Attach Proof) :	
10. Name and Address of the last attended School:	
11. Class Last attended:	
12. Last School affiliated is	(i) CBSE <input type="checkbox"/> (ii) ICSE <input type="checkbox"/> (iii) IB <input type="checkbox"/> (iv) State Board <input type="checkbox"/> (v) Any other (Please specify):.....
13. Transfer Certificate Details:	TC No..... Date.....
14. Identification Mark of the student:	

15. Details of siblings (if any)

NAME	BROTHER /SISTER	AGE	SCHOOL STUDYING IN	CLASS

### DECLARATION

I hereby declare that the above information including Name of the Candidate, Father's / Guardian's Name, Mother's Name and Date of Birth furnished by me is correct to the best of my knowledge and belief and has been entered as per the Birth Certificate issued by the competent authority. I shall abide by the rules of the School.

Date ----- Signature of the Parent (s)/ Guardian-----

Place ----- Relation with Candidate-----

Correct entries from the Admission Forms to Admission and Withdrawal Register have been made on Page

No. ----- on dated-----

Signature of the Principal