



Application No.

I

# GOOD SHEPHERD MODEL SCHOOL

(Affiliated to C B S E No. 1930191)

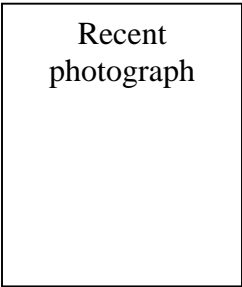
Opp. to Collector Office  
Thoothukudi – 628 101

Admission No.

## APPLICATION FOR ADMISSION

Date:.....

1. Name of the pupil :.....  
(in **BLOCK** letter)
2. Age and date of birth :.....
3. Nationality :.....
4. Religion & Community :.....
5. Sex :.....
6. Mother tongue :.....



Particulars	Father	Mother	Guardian
Name			
Educational qualification			
Occupation / post held			
Department / Company			

7. Residential address :.....
8. Father's Mother's Office Address :.....
9. Phone Nos. Residence :..... Office:.....
10. Class to which admission is sought :.....

### 11. Previous School history

School attended	Address	Year & Class
1.		
2.		
3.		
4.		

12. Details on medical history of the students

(i) History of serious illness past if any:.....

(ii) Does the child have any

Any identified allergies :.....

(iii) Physical defect if any (Visual,

auditory, Orthopaedic) :.....

(iv) Has the child vaccinated :.....

I, Mr. / Mrs. \_\_\_\_\_ Father / Mother / Guardian

of the ward seeking admission, certify that the information furnished above are complete and correct to the best of my knowledge.

I also certify that I have carefully gone through the School Prospectus and all the terms and conditions mentioned are acceptable to me.

Date :.....

Place :.....

Signature

Note : All applications for admission must be accompanied by a certificate in proof of date of birth / Transfer Certificate from the previous school.

**FOR OFFICE USE ONLY**

Application received on:.....

Reg. Receipt No.....

**REMARKS OF THE PRINCIPAL**

Admitted to Std:

.....  
.....  
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