



RYANS ENGLISH SCHOOL

Maranad, Kollam District, Tel: 7510127372, 8111862217, 0474 248 2566

Email: admission@ryansenglishschool.com

Students' picture

ADMISSION FORM

AADHAR NO.:

RATION CARD: APL/ BPL

1	Name of School	<i>Ryans English School</i>	
2	Full Name of the Pupil		
3	(a)Date of Birth (In figures & words)		
	(b) Whether certified extract from register of birth has been produced		
4	Age on date of application (in words). No of years and completed months to be given		
5	Name of parent/ guardian & the relationship to the pupil		
6	Occupation of parent/ guardian		
7	Address parent/ guardian		
8	Telephone number		
9	Address of local- guardian incase if the pupil is not living with the responsible guardian along with contact details		
10	Community & Religion		
11	Nationality & state to which the pupil belongs		
12	Mother Tongue of the Pupil		
13	Does the Pupil belong to the Scheduled Castes or Scheduled Tribes or OBC or is he a convert from Scheduled Castes or Scheduled Tribes		
14	Previous School Details:		
	Name of School	Standard	Date of admission
			Date of leaving
15	Standard to which admission is sought (In words)		
16	No. & the date of T.C. produced on admission		
17	Two remarks in the body		
18	Date of last vaccination		

I do hereby declare that I know the rules and regulations of this School, and that I will abide them, I also declare that the above mentioned facts are true to the best of knowledge and belief.

The date of birth of my son/daughter _____ given in the application is true and correct and I will not apply for the change of date of birth on any account, also declare that I am ready to submit the extract of the birth certificate whenever on demand.

Place: _____

Name of Parent: _____

Date: _____

Signature of parent: _____

To be filled in by the Principal

Date of admission: _____

In which Standard: _____

Admission No.: _____ Signature of Principal/ HM: _____