

**ALAGAPPA PREPARATORY NURSERY & PRIMARY SCHOOL,
ALAGAPPAPURAM, KARAIKUDI**

APPLICATION FORM

Application No. Admitted in : _____ on : _____ Admission No : _____

1. Name of Student (in Block Letters) : _____

2. Gender : _____

3. Date of Birth (Original and Photocopy of
Birth Certificate to be attached) : _____

4. Nationality : _____

5. Religion : _____

6. Community : _____

7. Residential address of the Student : _____

8. (a) Name of Father : _____

(b)Occupation(Specify) : _____

(c) Address(Office) : _____

(d) Telephone No. : _____

(e) Mobile No. : _____

(f) E – Mail : _____

9. (a) Name of Mother : _____

(b)Occupation (Specify) : _____

(c) Address(Office) : _____

(d) Telephone No. : _____

(e) Mobile No. : _____

(f) E – Mail : _____

10. (a) Name of Guardian : _____

(b) Occupation(Specify) : _____

(c) Address(Office) : _____

(d) Telephone No. : _____

(e) Mobile No. : _____

(f) E – Mail : _____

12. If the child has any allergies(Specify) : _____

13. In case of any emergency whom should be contacted

(a) Parents : _____

(b) Family Doctor
With contact Phone No.) : _____

14. Any other information you wish to state ,
In brief

I declare that the details given above are correct.

Date

Signature of the Parent/ Guardian

Date

Signature of the Headmistress

Checked By Clerk

