

MILAGRES CENTRAL SCHOOL

HAMPANKATTA, MANGALURU - 575 001

(Affiliated to Central Board of Secondary Education - New Delhi)

Affiliation No. 830757

TEL:0824-2426765/9902863836

e-mail: milagresprimaryschool@yahoo.com website: milagresschool.com



APPLICATION FOR ADMISSION

Application No

General Instructions 1) Fill the form in **BLOCK LETTERS** Only 2) To be filled and signed only by Parents. Names and DOB entered in this form will be treated as final and no changes will be accepted in future.

Grade Applied for For Academic Session

Office Use Only

Admission No.	<input type="text"/>
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Affix a Recent passport Size Photograph with date

Student Information

Name of the Student (As per Birth Certificate)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Birth (in figures)

Gender : Male Female Any other

In Words _____

Age as on 31 May _____

Place of Birth: _____ Taluk: _____ District: _____ State: _____

Blood Group _____

Nationality _____

Caste: _____

Aadhar Card No. _____

Category Please Tick (✓) SC/ST/BC/OBC/General/EWS
enclose Certificate

Religion _____ Mother Tongue _____

Family Details (Please Tick ✓ the name of the person to be contacted in case of Emergency)

Father's Full Name (as per proof attached)

Mother's Full Name (as per proof attached)

Educational Qualification _____

Educational Qualification _____

Official Address _____

Official Address _____

Employed Self Employed

Employed Self Employed

Occupation _____

Occupation _____

Ph. No. Office _____

Ph. No. Office _____

Annual Income _____

Annual Income _____

Mobile No: _____

Mobile No: _____

Email _____

Email _____

Aadhaar Card No: _____

Aadhaar Card No: _____

Residential Address:

District: _____	Taluk: _____	City: _____	State: _____
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Pincode: _____ Total Number of Members at home: _____

Guardian Details

Full Name of the Guardian _____ Mobile No. _____
Relationship with the child _____ Email: _____
Residential Address _____

Whether the candidate is (1) Single Girl Child Yes No
(2) Specially abled (Divyangjan) Yes No
(Attach proof wherever applicable)

Other Details

Single Parent (Please tick ✓ if applicable)

Father Mother

In case Parents are separated, custody of the child is with (Please tick ✓ if applicable)

Father Mother

Copy of Court Order / Death Certificate to be attached, if applicable

Second Language (I to VIII) Kannada

Third language (I to VIII) Hindi

Language Selection (IX & X) : Second Language Kannada Hindi

Academic Record

School last attended _____ Board of the School last attended _____

City: _____ District: _____ State _____ Country _____

Grade previously studied in _____ Number of years in the previous School _____

Reasons for withdrawal _____

Details of previous schooling & grades or marks obtained in last exam

Year From-to	School Name and Address	English	Kannada	Hindi	Mathematics	EVS/ Science	Social Science

Languages formally studied - First _____ Second _____ Third _____

Sports, Games and Activities involved in _____

Recent Accomplishments _____

Submitted transfer Certificate (Please tick) Yes No

T.C. No. _____ Date of issue: _____

School DISE Code _____

Student Enrollment Number _____

Application No

Health History Form

{	Name of Student	Grade
	Blood Group	Weight Kgs. Height Cms.
{	Name of the Parent	
	Address	
	Phone / Mobile	
{	Neighbour / Friend / Relative to be called in an emergency to reach Parents (Name)	
	Phone / Mobile	
	Physician to be called in an emergency (Name)	
{	Address	
	Phone / Mobile	

Has your child ever had any of the following illness if so, when?

Name	Yes/No	Date	Name	Yes/No	Date
Chickenpox			Epilepsy		
Measles			Tuberculosis		
German Measles			Whooping Cough		
Mumps			Ear Condition		
Diphtheria			Operation (Name)		
Rheumatic Fever			Asthma		
Heart Disease			Allergies		
Poliomyelitis			Serious injury (Name)		
Diabetes Mellitus			Others		

Has your child had any of the following Protective measures if so, when

Name	Yes/No	Date	Name	Yes/No	Date
BCG Vaccination			Tetanus		
Polio			Hepatitis A & B		
MMR			Whooping Cough		
Mumps			Others		

Date of last physical Check up _____

If there is anything concerning the health of your child, which the school should know, please attach an additional sheet with this form (Include such things as eyesight, allergies and any specific disability).

Date :
D D M M Y Y Y Y

Signature of Parent / Guardian _____

Sibling Details (to be filled in if applicable)

	Sibling 1	Sibling 2
Name & Gender		
School & Grade Studying in		
Date of Birth		

In case parent is School Alumni (Please tick ✓ if applicable)

Milagres Yes

School Staff Yes

Check list for parents

1. 4 Passport size Photographs	<input type="checkbox"/>	5. School Performance Report	<input type="checkbox"/>
2. Birth Certificate in original/ attested	<input type="checkbox"/>	6. Copy of Passport (Foreign Nationals)	<input type="checkbox"/>
3. Copy of Caste Certificate (if applicable)	<input type="checkbox"/>	7. Copy of Aadhar Card	<input type="checkbox"/>
4. Transfer Certificate	<input type="checkbox"/>		

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 & belief. I shall abide by the rules of the School.

Date:

Father (Sign)

Mother (Sign)

Guardian (Sign)

For Office Use

Fee Receipt No: _____

Principal's Remarks : Correct entries from the Admission forms to Admission and withdrawal Register have been made on page No..... on Dated.....

Principal's Signature _____