



Saint Paul's School

Paharpur, P.O. Denguajhar, Dist. Jalpaiguri - 735121, WB
Estd. 1999

APPLICATION FORM

(All the information should be filled neatly with CAPITAL letter)

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To
The Principal
Saint' Paul's School
Jalpaiguri

Admission No.

Jalpaiguri Date/...../201

Full Name of the Child :

Date of Birth Place of Birth Sex

Father's Name : Occupation

Phone No. E-mail :

Mother's Name : Occupation

Mother tongue Nationality Religion

Standard Completed Medium of instruction

Class applying for Name of Previous School

Does the child have any kind of chronic illness ? (Yes / No) If yes, state the type of illness

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Has the child been immunized against Polio, BCG, Tripleantigen, Tetancy etc.

Allergic to

Family Doctor : Phone No.

This is to certify that all the information given above is true and fair to the best of our knowledge, information and belief. We also hereby agree to abide by all the terms and conditions, rules and regulations as stated in this prospectus of the school.

.....
Signature of Father

.....
Signature of Mother

.....
Signature of Guardian