



**ALAN FELDMAN PUBLIC SCHOOL
KAZHAKUTTOM**

APPLICATION FOR REGISTRATION

Reg. No.....

Date:.....

(Please fill in all fields in BLOCK LETTERS. Corrections if any should be countersigned.
Provide your mobile number if available.)

1. Full Name of Student:

2. Male or Female:

3. Date of Birth (in words)

(in figures) Date:..... Month:..... Year:.....

4. Father's Name :.....

5. Mother's Name:.....

6. Address : (Res)

.....

.....

Pin Phone No.

7. Address (Off.)

.....

.....

Pin Phone No.

8. Class to which admission is sought.....

9. Previous School attended, if any

10. Identification marks (a)

(b)

11. Caste / Religion

Whether SC, ST, OBC

We here declare that all the facts stated above are correct to the best of our knowledge and belief, and that we will not ask for any change in the date of birth.

If our ward is accepted for admission into the Alan Feldman Public School, we agree to abide by the rules and regulations of the school in force whilst he / she is a student in the School.

Signature of Father

Signature of Mother

PRINCIPAL

SECRETARY