ANGELS VALLEY PUBLIC SCHOOL

(Indrani Nagar Suketi - Fatehpur)

ADMISSION FORM

STUDENT DETAILS

FORM NO:	_____	ADM. DATE:	_____
STUDENT NAME:	_____		
DATE OF BIRTH:	_____	GENDER:	_____
DOB IN WORDS:	_____		
ADM. CLASS:	_____	LAST CLASS:	_____
RELIGION:	_____	CATEGORY:	_____
CASTE:	_____	AADHAR NO:	_____
LAST SCHOOL:	_____		
NATIONALITY:	INDIAN	BLOOD GROUP:	_____

FAMILY & CONTACT DETAILS

FATHER'S NAME:	_____	MOTHER'S NAME:	_____
FATHER EDU.:	_____	MOTHER EDU.:	_____
FATHER PROF.:	_____	MOTHER PROF.:	_____
MOBILE NO:	_____	STUDENT AADHAR:	_____
FULL ADDRESS:	_____		

PARENT'S DECLARATION

I hereby declare that all information furnished is true to the best of my knowledge. I agree to abide by school discipline.

PARENT'S SIGN **ADMIN SIGN** **PRINCIPAL SIGN**