



SUROSH LEGACY SCHOOL

IN THE DISTRICT OF NAROWAL, SHAKARGARH
CONTACT: 03016631083 / 03125972306

Admission No: _____

APPLICATION FORM FOR ADMISSION

Stamp size photo

Session 20-----/ 20-----

1. Name of Student _____
2. Date of Birth (Please attach birth certificate) _____
3. Father's Name _____
4. Mother's Name _____ Gender

M	F	NPTS
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5. Occupation: **Father** _____ **Mother** _____
6. Educational qualification: **Father** _____ **Mother** _____
7. Address: **Residential** _____
Office _____
8. Contact No: **Father** _____ **Mother** _____
9. Nationality _____ **Religion** _____
10. Health Status: (Any Health issue)

No	Yes
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11. Class in which admission sought

Nursery	Pre KG	KG I	KG II	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5
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12. Enrolled in class

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Parent's Signature

Principal's Signature