

ASP PUBLIC SCHOOL



DARE TO LEAD

**Plot No. 8, Sector - 9, Ghansoli, Navi Mumbai - 400 701
Tel. : 022-22930133 • Email : asppublicschool@gmail.com**

20 - 20

NAME : _____

CLASS : _____

ADMISSION NO. : _____

APPLICATION FORM

APPLICATION FORM

Important: Please fill in all information carefully in **BOLD** Letters using black or blue pen Only.

Photo

Please paste Photograph
DO NOT STAPLE

Photograph
of Mother

Please paste Photograph
DO NOT STAPLE

Photograph
of Father

Signature of Mother

Signature of Father

PERSONAL DATA OF STUDENT

Surname First Name Middle Name
Date of Birth Age as on 1st April, 20__ : Years Months Religion
Gender Female Male Mother Tongue Category Languages spoken at home
Permanent Address
City Pin Code Country E-mail address
Home Tele: Mob.: Emergency Contact No.
Mailing Address (If different) :

GENERAL INFORMATION

Class/Std student is applying for with effect from month/year.
Have you ever applied for admission YES NO
If YES, when? Academic Year for which Class

EDUCATIONAL BACKGROUND

Name(s) of previous address school(s) attended
City/State Country From To Reason for Leaving
Has the child ever been Expelled/Rusticated/Not Promoted to next class by any School? YES NO
If YES, Please give details:
Any other information you want to provide about child :

PARENTS'/GUARDIANS' LOCAL INFORMATION

Father's/ Guardian's Name Age Nationality Education/University
Mother's Name Age Nationality Education/University
Relationship with Child Are parents living together Yes No

PROFESSION / OCCUPATION

Father's/Guardian's Profession/Occupation Annual Gross Income

Off. Address

Telephone Fax Mob E-mail

Mother's Profession / Occupation Annual Gross income

Off. Address

Telephone Fax Mob E-mail

OTHER RELATIVES' INFORMATION

Real Brother / Sister 1. Name Age School attending/attended

Real Brother / Sister 2. Name Age School attending/attended

Relatives who are studying/have studied in A.S.P.

Name Class Year of Joining Relationship

REFERENCES

Name Designation Telephone

Address City / State Pin Code

Name Designation Telephone

Address City / State Pin Code

HEALTH INFORMATION

Allergy/Chronic ailment (if any) Physical handicap / disability

Any other health problem

TRANSPORT

School Bus facility required? Yes No

No. _____

Name

Class

Admission Status

Please attach the following documents along with this form:

1. Attested copy of birth certificate
2. For Class II and above, previous 3 years report cards..
3. For Class II and above, Transfer Certificate to be produced at the time of admission. In case of Inter state students, the Transfer Certificate should be counter signed by the education officer.
4. Visiting / Business Cards of parents.

DECLARATION / UNDERTAKING

This form is intended to furnish information about the student and his/her family, without obligation on either side.

I/We understand that:

If I/we wish to proceed further all entries in the Application Form must be completed.

I/We wish to proceed further all entries in the Application Form must be completed.

I/We certify that the information provided in this form is true to the best of my/our knowledge and belief.

Date : _____

Place : _____ Signature of Parent / Guardian

For Office Use Only

Regd. No. :

Admission Granted/Not Granted :

Remarks :

