Student ApplicationForm

Mount Litera Zee School
GHAZIPUR
Great School. Great Future

Serial No.:_____

Class Applied for : _____

Student's Photo	Father's/ Mother's/ Photo	Guardian's Photo

Name of Students: Surname Fist Name

Middle Name

Date of Birth: Date Month Year

Age: as on 31st March Year Month Day

Gender: M F

PERMANENT ADDRESS

Village/Town: District:

State PIN

Height: Ft Inches Cms

Weight: Kg

Blood Group: A B AB O +ve -ve

Caste: SC ST BC OBC OTHER

Religion:

Languages Spoken at Home: (1) (2)

Mother Tongue:

Siblings in the School:

Record of Previous Class Attended

S.No.	Name of School	Class From	Class To	Year From	Year To	Board CBSE/ICSE/ State	% of Marks in Last Class Passed	Reason for Leaving

Physical/Mental Disability and Medical History (if any)

S.No.	Type	Details	Present Status
1.	PHYSICAL DISABILITY		
2.	MENTAL DISABILITY		
3.	PAST ILLNESS		
4.	ALLERGY		
5.	CHRONIC MEDICAL PROBLEM		

Achievements in Academic/Sports/Co-Curricula Field

S.No.	Field	Year	Event	Details of Prizes/Award/Position

PART - II

PARTICULARS OF FAMILY

S.No.	Particular	Father	Mother	Brother/Sister	Brother/Sister
1.	Name				
2.	Date of Birth				
3.	Edn. Professional Qualification				
4.	Occupation				
5.	Annual Income				

PERMANENT RESIDENTIAL ADDRESS

Flat/House No.: Building Name:

Street/Road: Village/Town:

City: State: Pin:

LOCAL GUARDIAN

Relationship:

Address:

Contact Resi.: Office:

Telephone Mobile: Fax:

e-mail ID:

My So/Dauther ..... (Write in BLOCK Letters) has my permission to participate in all Co-curricula activities (games, sports, drama, excursions etc.) and other outdoor & indoor activities organized by the school I hereby permit him/her to use the transportation provided by the school, if needed, and will not hold the committee/school responsible for any claims resulting from any accidents etc. while going to/coming from school or within the school campus. I have read the rule sand regulations of the school as laid down in the summary of prospectus and agree to abide by them. I hereby agree to abide by all the decisions of the Principal. If my child is found indulging in any act of indiscipline, whatsoever, the Principal will have the right to punish or expel him/her from the institution and this decision will be final and binding on me.

I certify that information furnished above is complete and correct to the best of my knowledge.

Signature of Father/Mother/Guardian

Date:

Place:

Name (in Capital Letter):