

# APPLICATION FORM

Affex Photography

## Students Particulars

Name of the child : \_\_\_\_\_

Grade to which admission sought: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

In words: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Religion: \_\_\_\_\_ Caste: \_\_\_\_\_ Category: \_\_\_\_\_

Mother tongue: \_\_\_\_\_

Father name: \_\_\_\_\_

Mother name: \_\_\_\_\_

Details of the previous school:

\*Name of the school studied: \_\_\_\_\_

\*Class on leaving: \_\_\_\_\_

\*Date left: \_\_\_\_\_

Number of sibling studying in same school:

\*Name of the child: \_\_\_\_\_

\*Class /section: \_\_\_\_\_

Has the learning disability been identified : Yes / No

If Yes details \_\_\_\_\_

I agree to see that the rules, regulations and discipline of the school are observed by my son/daughter. I confirm, having gone through the copy of the rules and regulations attached to this form and agree to abide changing rules and regulations of the school.

Father's signature

Mother's signature

## FATHER PARTICULARS

Name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation: \_\_\_\_\_

Accademic qualification: \_\_\_\_\_

Annual Income: \_\_\_\_\_

Residential address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Office address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Residential phone number: \_\_\_\_\_

Mobile number: \_\_\_\_\_

E-mail ID: \_\_\_\_\_

Father's signature

## MOTHER PARTICULARS

Name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation: \_\_\_\_\_

Accademic qualification: \_\_\_\_\_

Office address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mobile number: \_\_\_\_\_

E-mail ID: \_\_\_\_\_

Mother's signature