



THE GARDEN SCHOOL

Anackkal PO, Kanjirappally, Kottayam 686 508.

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SCHOOL APPLICATION FORM

Application Form no: _____ **Registration no:** _____

Application for admission to _____ Class 20 ____ to 20 ____

Name of Pupil

Name of the Pupil in Malayalam

Date of Birth

Place of Birth

Sex Male Female

Blood Type _____

Nationality

Religion

Aadhaar Number

Name of Father

Occupation

Contact Number

Name of Mother

Occupation

Contact Number

Name of Local Guardian

Email

Contact Number

Your Current Address

Your Future Address (If you are relocating to a new address in near future. Write NA if not applicable)

Local Guardian Address (NA if not Applicable)

Please tick which address you would like your application to be considered from:

Current Address

Future Address

Local Guardian Address

Communication Email

Communication Number

Previous School Name

Details of Siblings

Name

Age

Class

School

Allergies/Issues, if any

1. -----

2. -----

3. -----

Requires Van Facility

Yes

No

Signature

Date

(If sending this form by email, please type your name in the signature field – this will act as your digital signature)

Admission Number: ----- **Date of Joining:** -----

Remarks

Signature of Principal