



Regd. No. W8091

St. Augustine's School

Kalimpong - 734 301

Dist. KALIMPONG

ADMISSION FORM



Note well: Details filled in this form will not be corrected
(Use only capital letters)

School Office Details : (Application for old students)

P.I.N. Class Date of Admission Hostel No.

Student's Details :

Name (Block Letters)

Date of Birth: Blood Group Religion

Aadhaar No.: House:

Address (Permanent):

City:

District: State: Country:

Pin Code: Nationality:

2nd Language: Category: G ST OBC SC

Previous school (if any) Class

Medium of Instruction Board As Day scholar Boarder

Brothers studying in this school (if any) (Name & Class)

1. Class

2. Class

Family Details:

Father's Name

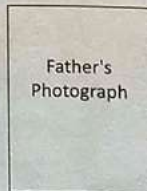
Ex. Sasonian Y N ICSE / ISC Year

Qualification Occupation

Annual Income PAN No.

Mother Tongue E-mail

Telephone R O M



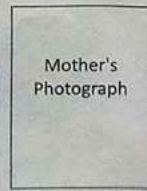
Mother's Name

Qualification Occupation

Annual Income PAN No.

Mother Tongue E-mail

Telephone R O M



Local Guardian's Detail

Local Guardian's Name

Address

Telephone

E-mail

Local
Guardian's
Photograph

Parent's / Guardian's Signature

Signature of the Candidate

Date:

FOR OFFICE USE ONLY

Admitted: Yes/No _____ to Class _____

House _____

Boarder / Day Scholar _____ With effect from _____

DECLARATION FORM

1. I, Mr./Mrs.
Father/Mother/Guardian of Master
Would like to declare that:
(I) The correct name of my son / ward is (In Block Letters)
.....
(ii) His correct Date of Birth is
(iii) The above information is true and the school authorities will not be pressurized to change the record hereafter.
2. I shall fully co-operate with the school authorities as regards my son's/ward's holistic education. For any deviation from the norms of the school, I shall follow the normal disciplinary provisions of the school.
3. I, in particular will abide by the rules pertaining to disciplinary measures regarding substance abuse, unfair means in tests/exams and withdrawal due to failure.
4. I am fully aware that my son occupies a residential (Boarding) seat and that I have to withdraw the child from the school if he stops residing in the school hostel for any reason.

Date: _____

Signature of the Parent