



# DON BOSCO CENTRAL SCHOOL (CBSE)

MANJESHWAR - 671 323, Kasargod Dt.

Ph: (04998) 274688, Mob: 9400264753

## APPLICATION FOR CONSIDERATION OF ADMISSION

No:

1.	Name of the Candidate (In Capital Letter)	
2.	Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
3.	Religion and Caste	SC/ST/OBC/Others.....
4.	Age and date of Birth	Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5.	Standard to which admission Is sought (tick in the relevent column)	LKG <input type="checkbox"/> UKG <input type="checkbox"/> STD <input type="checkbox"/>
6.	Name, medium and stream (ICSE, CBSE, Kerala / Karnataka Syllabus) of the present School	
7.	Father's name, Qualificaiton and Occupation	
8.	Mother's name, Qualification and Occupation	
9.	Guardian's name Qualification and Occupation	
10.	Father's / Guardian's name and address	
11.	Second Lanuage (Tick)	Kannada <input type="checkbox"/> Malayalam <input type="checkbox"/>
12.	Name of siblings studing in this school if any	
13.	Distance from Don Bosco School	
14.	Whether you need school bus or not?	Yes <input type="checkbox"/> Place <input type="checkbox"/> No <input type="checkbox"/>
15.	Telephone Numbers	
16.	Date of last vaccination	Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
17.	Whether immunised against Tetanus, Measles, Polio, Dihtheria and BCG?	Yes <input type="checkbox"/> No <input type="checkbox"/>
18.	Aadhaar Number	

Place :

Date :

Signature of Parent / Guardian

N.B. This form is to be submitted on or before .....

**TO BE FILLED IN BY THE PRINCIPAL**

Date of Admission .....

Admission No .....

Standard to which admitted .....

Signature of the Principal