



MSKPS

Mohamed Sathak Kabeer Public School

Inside Collectorate Campus,
Pattinamkathan, Ramanathapuram – 623 503
Ph no. 04567 – 232014 / 15

APPLICATION FORM

ACADEMIC YEAR 20 ____ / 20 ____

Please complete the form clearly in BLOCK letters.

*Affix
recently taken
Passport Size
Photograph of
your child here.*

STUDENT PERSONAL DEMOGRAPHY

1. Name: _____

Name with Initials as in the Birth Certificate

2. Date of Birth: ____/____/____ Age as on 1st June 20____ : ____years & ____ months
dd / mm / yyyy

3. Gender: Male Female 4. Mother Tongue: _____

5. Citizenship: _____ 6. Place of Birth: _____

7. Religion: _____ 8. Community: OC/ BC/ MBC/ SC/ ST

9. Student EMIS No: _____ 10. Aadhar No: _____

10. School Transport Required : YES NO

11. Language Preferences:

a. Second Language : Hindi Tamil

b. Third Language : Hindi Tamil

MEDICAL INFORMATION

12. Has your child been vaccinated for Hepatitis B / Polio / Measles / Typhoid? Yes / No

13. Is your child physically challenged? Yes / No

14. Does your child use corrective help for sight (glasses) or hearing? Yes / No

If yes, share details _____

15. Blood Group: _____ : Allergic to : _____

EDUCATIONAL BACKGROUND

Details about the previous schooling

Name of the School	Place	Grade From	Grade To

DETAILS OF THE PARENT/GUARDIAN

• Name of the Father: _____

Contact Number: _____ Educational Qualification: _____

Occupation Salaried Professional Self – Employed Other

• Name of the Mother: _____

Contact Number: _____ Educational Qualification: _____

Occupation Salaried Professional Self – Employed Home Maker

• Name of the Guardian: _____

Contact Number: _____ Email Id: _____

RESIDENTIAL ADDRESS

State: _____ Pin code: _____

Phone Number 1: _____ Phone Number 2: _____

Email Id: _____

OTHER DETAILS

Monthly Household Income: INR _____

Is the child living with grand parents? Yes / No

Who will guide the student at home with studies? _____

DETAILS OF SIBLINGS STUDYING IN THIS SCHOOL

Name of the Sibling: _____ Grade: _____

Name of the Sibling: _____ Grade: _____

DECLARATION BY THE PARENTS

1. I / We hereby declare that the Name and Date of Birth of my/our son/daughter furnished by me / us in Serial Number 1 & 2 is correct and that I / We will not demand any change in it at a later date.
2. I have submitted the Transfer Certificate (Original) from the school last attended.
3. I / We have enclosed the photocopies of the following certificates
 - a. Transfer Certificate
 - b. Birth Certificate
 - c. Community Certificate
 - d. Grade / Mark Sheets
 - e. Aadhar Card
 - f. Ration Card
4. I / We shall abide by the rules and regulations of the school, in force from time to time.
5. Fees once paid will not be refunded

I / We hereby declare that the information given in this application form is complete and accurate and no changes by me will be demanded in the future.

.....
Signature of Father

.....
Signature of Mother

.....
Signature of Guardian

Date: _____

FOR OFFICE USE ONLY

Admission Status : Admitted / Waiting List / Rejected

Admitted in : Grade _____ Section _____

Date of Admission : _____

Admission Number : _____

Receipt Number : _____

Register Book No. : _____ Page No. : _____

Bus Number : _____

Pick Up Point : _____

Drop Point : _____

Documents Submitted:

Original Transfer Certificate Grade / Mark Sheets

Copy of Aadhar Card Copy of Birth Certificate

Copy of Community Certificate PP Size Photos (4)

.....
Office In Charge

.....
Admission In Charge

.....
Principal