



Springsdale Public School

APPLICATION FORM FOR ADMISSION

ACADEMIC YEAR 202_ - 202_

Students Name(in Block Letters):

Class in which admission is sought:

Gender: ☐ Male ☐ Female

Category: ☐ SC ☐ ST ☐ BC ☐ OC ☐ Others

Date of Birth:

Father's Name(in Block Letters): Occupation:

Mother's Name(in Block Letters): Occupation:

Present Address:

PIN Code:

Permanent Address:

PIN Code:

CBSE Board Registration Number(For admission in Grade 11 & Grade 12):

(For Grade 11 & Grade 12)

Stream Science ☐ Commerce ☐

I solemnly affirm that the date of birth and other particulars provided above are correct to the best of my knowledge and belief. I have reconfirmed these entries and certify them to be accurate. I respectfully request that admission be granted to my ward in accordance with the applicable rules.

Date:

Signature of Parent/Guardian:

Attach one
coloured
passport-sized
photograph.

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