



St. Joseph's English School

Shivnagar Colony, Mithanpara-Ghazipur

STUDENT ADMISSION FORM

STUDENT INFORMATION

SCHOLAR NUMBER	FIRST NAME*	MIDDLE NAME	LAST NAME*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE OF BIRTH*(YYYY-MM-DD)	GENDER*	BLOOD GROUP	BIRTH PLACE
<input type="text"/>	<input type="text" value="0 MALE"/> <input type="text" value="0 FEMALE"/>	<input type="text"/>	<input type="text"/>
MOTHER TONGUE	CATEGORY	RELIGION	ADDRESS LINE 1*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS LINE 2*	CITY*	STATE*	PIN CODE*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COUNTRY	PHONE NUMBER	MOBILE NUMBER*	E-MAIL ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PARENTS INFORMATION

FATHER NAME*	MOTHER NAME*	CARETAKER NAME	CARETAKER RELATION
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FATHER EDUCATION	MOTHER EDUCATION	FATHER'S OCCUPATION	MOTHER'S OCCUPATION
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FAMILY ANNUAL INCOME	ADDRESS* IF SAME ANNUAL STUDENTS	CITY*	STATE*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PIN*	COUNTRY	PHONE NUMBER	FATHER'S MOBILE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COUNTRY	AADHAR NUMBER	MOBILE NUMBER	E-MAIL ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PARENTS INFORMATION

FATHER NAME*	MOTHER NAME*	CARETAKER NAME	CARETAKER RELATION
FATHER EDUCATION	MOTHER EDUCATION	FATHER'S OCCUPATION	MOTHER'S OCCUPATION
FAMILY ANNUAL INCOME	ADDRESS* IF SAME ANNUAL STUDENTS	CITY*	STATE*
PIN*	COUNTRY	PHONE NUMBER	FATHER'S MOBILE NUMBER
MOTHER'S MOBILE NUMBER	<u>SELECT TRANSPORT SERVICES</u>	<u>PASSWORD*</u>	<u>CONFIRM PASSWORD*</u>

SCHOOL INFORMATION

ADMISSION DATE*(YYYY-MM-DD)	CLASS OF ADMISSION*	SECTION*	STREAM
SUBJECT1	SUBJECT2	SUBJECT3	SUBJECT4
SUBJECT5	SUBJECT6	SUBJECT7	SUBJECT8

PREVIOUS SCHOOL /CLASS DETAILS

CLASS	SCHOOL NAME	PASSING YEAR	ROLL NUMBER
MARKS	PARSENTAGE	SUBJECT	

PLEASE SUBMIT THE ADMISSION FORM AFTER FILL ALL THE FIELDS.