

No. 4113

LYCEUM ENGLISH MEDIUM SCHOOL



AFFILIATED TO C.I.S.C.E., NEW DELHI

1, Andul Road, Bakultala, Howrah - 711109

Phone : 2658-0723, 6518-2344, Fax : 2658 2871

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ADMISSION FORM

Name of the Students [in capital letters] :

Name of Father :

Name of Mother :

Name of Guardian :

Address [in full] :

Permanent Address :

Contact No. :E-mail.....

Date of Birth :(According to birth certificate) [N.B. : copy of birth certificate must be submitted with the form]

Father's Occupation (In details) :

Mother's Occupation.....

Nationality :Religion :Caste : SC / ST / OBC / General

The Class to which the student seeks admission :Mother Tongue :

Details of Previous School attended (if any) :

Choice of second Language : Bengali / Hindi

Whether the student has any disease : Yes / No

If Yes give details

Whether the student was the ex-student of this school : Yes / No

Whether any relative / brother / sister of the student studies in this school : Yes / No

If Yes, Give details : Name..... Class.....

I declare that the above information are true to the best of my knowledge.

Date

Signature of Father / Guardian

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FOR OFFICE USE ONLY

Name of the Student :

Name of Father :

Class :Date of Interview :Time :