

St. Dominic Savio School

59, Bijoy Kumar Mukherjee Road, Salkia, Howrah – 6 Affiliated to the CISCE (ICSE / ISC) New Delhi

ADMISSION FORM FOR CLASS XI

[To be filled in by Parents / Guardian] (PLEASE USE BLOCK LETTERS) Phone: (033) 2665-9251 STUDENT'S PHOTO

		Stream:
1.	a)	Name of Applicant:
	b)	Address (Residence).
2.	a)	Name of Father:
		Occupation:
		Office Address:
		Phone No.: Mobile No.:
	b)	Name of Mother:
		Occupation:
		Phone No.: Mobile No.:
	c)	Name of Local Guardian
		Address:
		Phone No.: Mobile No.:
3.	Da	te of birth (according to School certificate last attended)
4.	(FC	OR TRANSFER CASES)
	a)	School last attended
	b)	No. and date of Transfer Certificate

5.	(FOR MIGRATION CASES :For students from Boards other than ICSE):		
	a) Name of the Board		
6.	Special aptitude if any		
7.	History of serious illness, or major operation, or any physical handicap if any		
8.	Name of Local Guardian		
	a) Address:		
	b) Phone No.: Mobile No.:		
9.	I declare that I am applying for admission at the wish of my parents/ guardian and that particulars given above are correct. Further that I undertake to abide by all the rules and regulations of this Institute now in force or to be in force during the course of my study in this Institute.		
	Full Signature of the student		
10.	I certify that the information given above are correct.		
	Signature of the Parent / Guardian		