



DON BOSCO KINDERGARTEN, IRINJALAKUDA

(ENGLISH MEDIUM STATE SYLLABUS) PH: 0480 2821759

APPLICATION FOR CONSIDERATION OF ADMISSION

Application No.

Name of candidate (Use capital letters)

Gender
(Male or Female)

Date of birth

Age on 1st June Years Months

Religion

Caste

Category
(SC/ST/OEC/OBC/General)

Class, Medium and school last attended

Distance from Don Bosco School to residence KM

Mother's name

Occupation

Father's name

Occupation

House name

Place

District

Pin

Telephone numbers 1.

2.

If any direct brothers/sisters studying in this school

Name:

Class:

Name:

Class:

Name and address of Guardian (only for children residing with Grand Parents or relatives)

Place :.....

Date :.....

Signature of Parent / Guardian

- * This form is to be submitted before.....
- * Photo copy of Birth Certificate should be attached with the application form.

ELIGIBILITY CERTIFICATE

Name of candidate

Application No.

Kindly meet the Headmistress on..... at