

SARASWATHI MATRICULATION SCHOOL, URAPAKKAM – 603 202

ADMISSION FORM

ACADEMIC YEAR :

ADMIN NO. :

ADMS. DATE :

ADMIN CLASS :

FIRST NAME :

MIDDLE NAME :

LAST NAME :

GENDER :

DATE OF BIRTH :

MEDIUM :

CATEGORY : DAY SCHOLAR

STUDENT TYPE : REGULAR

ID MARK 1 :

ID MARK 2 :

CASTE :

RELIGION :

CASTE CATEGORY:

ADDRESS :

STATE :

COUNTRY :

MOBILE NO. :

PHONE NO. :

EMAIL ID :

DETAILS OF

PREVIOUS SCHOOL :

I agree to only the rules and regulations of your school.

FOR OFFICE USE ONLY

Signature of Parent/Guardian

ADMS. NO. :

DATE :

Principal