LATE SMITA PATIL CHARITABLE TRUST'S SMITA PATIL PUBLIC SCHOOL

SMIT NAGAR, SHIVAJI NAGAR, DAHIWAD, TAL. SHIRPUR, DIST. DHULE

 $Email: \underline{info@smitapatilpublicschool.com}$ URL: http://www.smitapatilpublicschool.com

ADMISSION FORM

To,

The Principal S

ir,			
	I wish to apply for admission in your Public Sch	ool for my Son / Daughter / W	ard as a Bord
	Day Scholar in Std		
PART	TICULARS OF THE STUDENT:		
a)	Full Name :		
	(Beginning with surname in block letters)		
b)	Date of Birth :		
c)	Place of Birth:		
d)	Exact Age : Years :	Months :	Days.
e)	Religion and Caste / Sub caste :		
f)	Name of the School last attended:		
			
		Year :	
,			
b)			
c)			
d)	Postal Address of Parent :		
Phone	e No with STD code and Mob. No.:		
PART	TICULARS OF THE GUARDIAN, IF ANY:		
a)	Name & Occupation :		
b)	Postal address of Guardia:		
	a) b) c) d) e) f) PART a) b) c) d) Phone PART a)	Day Scholar in Std PARTICULARS OF THE STUDENT: a) Full Name :	PARTICULARS OF THE STUDENT: a) Full Name :

	Signature of Parent
Full Name :	