



FIRST CROP PUBLIC SCHOOL

15/104, Tamil Sangam Rd, Shankar Nagar, Salem - 636 007.

Ph: +91 427 4042778

FILL IN CAPITALS

20 - 20

STUDENT

PHOTO

DATE: _____

STANDARD: _____

CHILD'S NAME: _____ DOB: _____ AGE: _____ SEX: BOY / GIRL

PREVIOUS SCHOOL: YES / NO... IF YES, SCHOOL NAME: _____

LANGUAGES KNOWN: _____

RELIGION: _____; CATEGORY: GEN/OBC/SC/ST BLOOD GROUP: _____

MEDICAL HISTORY (IF ANY): _____

CHILD'S INTEREST: _____

TRANSPORT REQUIRED: YES / NO; IF YES, STOPPING: _____

FATHER NAME: _____ MOTHER NAME: _____

QUALIFICATION: _____ QUALIFICATION: _____

OCCUPATION: _____ OCCUPATION: _____

FATHER'S MOBILE: _____ MOTHER'S MOBILE: _____

HOME ADDRESS: _____

_____ PHONE NO: _____

OFFICE NAME: _____ OFFICE NAME: _____

ADDRESS: _____ ADDRESS: _____

PHONE: _____ PHONE: _____

FEE PAID ARE NON REFUNDABLE.....

SIGNATURE OF THE PARENT: _____

FATHER

MOTHER

PHOTO

PHOTO

FOR OFFICE USE:

REMARKS: _____ SIGN: _____