



ARCHBISHOP GEORGE PUBLIC SCHOOL

15, Lakshmanan Main Road, Peravallur, Chennai – 600082
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Student Admission Form

For Office Use Only

Application Number:			
Admission Status:	<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Rejected		
Class Allotted:		Admission Number:	
Remarks (if any):			
Signature of Principal:		Date:	

Affix Family Photo Here

Student Details

Class Applied for:

Full Name of the Student:			
Date of Birth (dd/mm/yyyy):	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Nationality:	Religion:		
Previous School Name:			
Previous School Board:	Medium of Instruction:		
Blood Group:			
Any Medical Conditions:			
Doctor's Name:		Contact Number:	

Parent Details

	Father	Mother
Name:		
Occupation:		
Contact Number:		
Email ID:		
Address:		
City & State:		PIN Code:

Other Contact Details

	Guardian	Emergency Contact
Name:		
Relationship to the Student:		
Contact Number:		

Declaration

I, _____ [Name of Parent/ Guardian], declare that all the information provided above is true to the best of my knowledge. I agree to abide by the rules and regulations of the school.

Signature of the Parent/ Guardian:		Date:	
Signature of the Student (if applicable):		Date:	