Ph. : 7033154328

SUN FLOWER SCHOOL

(AFFILIATED TO C.B.S.E.)

KAPASIA TOWN SHIP, BEGUSARAI-851117

ADMISSION FORM

PHOTO

Sl. No. :

Admission for :

To be filled in by the PARENT/GUARDIAN IN BLOCK letters only.

CANDIDATE'S NAME :

MOTHER'S NAME :

FATHER'S NAME :

DATE OF BIRTH :

SEX : 1 = MALE 2 = FEMALE

CATEGORY 1 = SC 2 = ST 3 = OBC

HANDICAPPED 1 = BLIND 2 = DEAF 3 = HANDICAPPED 4 = DYSLEXIC 5 = SPASTIC

IN WORDS

Present Address : Vill. / Mohalla : .....

P. O. : .....

P. S. : ..... Dist. : .....

Permanent Address : Vill. / Mohalla : .....

P. O. : .....

P. S. : ..... Dist. : .....

Phone No. : ..... STD Code : ..... Resi. : ..... Off. : .....

1. I fully abide with the rules and regulation of the School. No. claim against the management's Decision will be entertained.
2. Managed by art culture and educational development society.

Signature of Parent / Guardian .....

Principal

Date : .....