

Serial No :



APOLLO ANGEL

A Montessori and Kindergarten School

57 / C. BLOCK - B, BANGUR AVENUE
KOLKATA 700 055, ☎ : 2574 3417 / 9381



APPLICATION FORM FOR ADMISSION

1. NAME OF THE CHILD.....
(BLOCK LETTERS) LAST NAME FIRST NAME MIDDLE NAME
2. DATE OF BIRTH

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 DAY MONTH YEAR (ENCLOSE COPY OF BIRTH CERTIFICATE)
3. FATHER'S NAME
4. MOTHER'S NAME.....
5. GUARDIAN'S NAME.....
6. a) OCCUPATION OF FATHER.....
OFFICE & MOBILE PHONE NOS.....
b) OCCUPATION & PHONE OF MOTHER.....
OFFICE & MOBILE PHONE NOS.....
7. RESIDENTIAL ADDRESS.....
& PHONE NUMBER.....
8. RELIGION.....9. NATIONALITY.....
10. MOTHER TONGUE.....

I/We hereby undertake that I have read all the rules and regulations of the school, and I will abide by them

FATHER'S SIGNATURE

MOTHER'S SIGNATURE

FOR OFFICE USE ONLY

REGISTRATION NO :
DATE OF REGISTRATION :
CLASS :

PRINCIPAL

SECRETARY