



ST. LAWRENCE HIGH SCHOOL

Affiliated to CISCE School Code : WB 443

27, BALLYGUNGE CIRCULAR ROAD, KOLKATA-700 019 , W.B. , India

WhatsApp No: 9874055002 / Land line No: 033-24751959

www.stlawrencehighschool.edu.in

email: admissions@stlawrencehighschool.edu.in



APPLICATION FORM

FOR ADMISSION TO CLASS (Session 2023-24)

APPLICATION FORM NO.

Class to which Admission is sought _____

SECOND

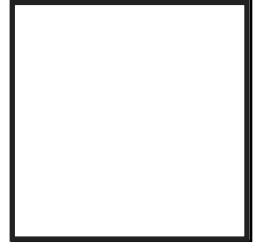
LANGUAGE : _____

1. CHILD'S DETAILS :

FIRST NAME :

MIDDLE NAME :

SURNAME :



2. DATE OF BIRTH _____

3. PLACE OF BIRTH _____

4. STATE OF ORIGIN _____

5. NATIONALITY _____

6. RELIGION _____

7. APPLICANT'S PRESENT CLASS _____

8. APPLICANT'S PRESENT SCHOOL _____

9. PRESENT SCHOOL ADDRESS _____

10. AADHAAR CARD NO OF THE CANDIDATE _____

11. BLOOD GROUP _____

12. CONTACT NO. _____

13. HISTORY OF SERIOUS ILLNESS _____

14. MAJOR OPERATION _____

15. DIFFERENTLY ABLED _____

16. SOCIAL CATEGORY _____

17. SPECIAL TALENT _____

OTHER DETAILS :

a) MOTHER TONGUE _____

b) APPROX MONTHLY INCOME OF THE FAMILY _____

c) PARISH (FOR CHRISTIANS ONLY) _____

d) NO. OF SIBLINGS OTHER THAN THE CANDIDATE _____

18. DETAILS OF ANY SIBLING STUDYING (ONLY OF SAME PARENTS) IN THIS INSTITUTION

S. No.	Name	Adm No.	Class & Sec. presently studying in
1			
2			

19. RESIDENTIAL ADDRESS -

20. AREA OF THE CITY : _____

21. LANDMARK : _____

22. PERMANENT ADDRESS

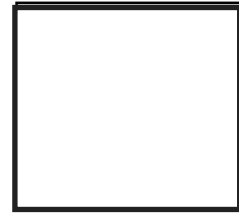
23. AREA OF THE CITY : _____

24. LANDMARK : _____

25. DETAILS OF PARENTS :

FATHER

MOTHER



a). First Name : _____

b). Middle Name : _____

c). Last Name : _____

d). Religion : _____

e). Qualification : _____

f). Occupation / Profession : _____

g). Mobile No. : _____

h). Special Interest : _____

i). Email Id : _____

j). Monthly Income : _____

k). Aadhaar Card No : _____

l). WhatsApp No : _____

26. ORGANIZATION DETAILS:

a). Name : _____

b). Address : _____

c). Phone No. : _____

d). Designation : _____

27. IS THE PARENT A STAFF IN THIS SCHOOL :

28. IS THE FATHER OF THE CHILD AN EX-STUDENT OF ST. LAWRENCE :

29. GUARDIAN'S NAME : _____ Mobile _____
Address : _____

CAVEAT : In the event of withdrawal of the candidate after the completion of admission, no refund will be made under any circumstances

DECLARATION BY PARENT'S

I Mr., and Mrs., resident in the District of, West Bengal, do hereby declare that the information given above and in the enclosed documents is true to the best of my knowledge and belief and nothing has been concealed therein. I am well aware of the fact that if the information given by me is proved false / not true at any point of time, I will have to bear consequences as per any provision of Law for the time being in force as well as the benefit availed of by me or the benefit accrued to me shall be summarily cancelled.

Date

Father's Signature

Mother's Signature

