



ST. LAWRENCE HIGH SCHOOL

27, BALLYGUNGE CIRCULAR ROAD, KOLKATA - 700019.

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Contact WhatsApp No: 9874055002; 033 24751959



APPLICATION FORM NO. _____

APPLICATION FORM FOR THE ACADEMIC YEAR 2022

CLASS APPLIED FOR: _____ SECOND LANGUAGE: BENGALI HINDI

Photo of
the
Candidate

1. CHILD'S DETAILS:

FIRST NAME: _____ MIDDLE NAME: _____ LAST NAME: _____

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. CONTACT NO (WHATAPP NO.): _____

12. ANY HISTORY OF SERIOUS ILLNESS? _____

13. ANY MAJOR OPERATION? _____

14. IS HE A DIFFERENTLY ABLED CHILD? _____

15. SOCIAL CATEGORY: _____

16. SPECIAL TALENT: _____

OTHER DETAILS:

A. MOTHER TONGUE: _____

B. MONTHLY INCOME OF THE FAMILY: _____

C. PARISH (FOR CHRISTIANS ONLY): _____

D. NO. OF SIBLINGS OTHER THAN THE CANDIDATE: _____

17. DETAILS OF SIBLING/S STUDYING IN THIS INSTITUTION (MENTION ONLY CHILDREN OF THE SAME PARENTS)

SL NO.	NAME OF THE STUDENT	ADMISSION NO.	CLASS & SECTION

18. RESIDENTIAL ADDRESS: _____

19. AREA OF THE CITY: _____

20. LANDMARK: _____

21. PERMANENT ADDRESS: _____

22. AREA OF THE CITY: _____

23. LANDMARK: _____

24. DETAILS OF THE PARENTS:



Photo of
Father

FATHER



Photo of
Mother

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.		

25. ORGANIZATION / EMPLOYMENT DETAILS:

A. NAME OF THE ORGANIZATION:		
B. ADDRESS		
C. PHONE NO.		
D. DESIGNATION		

26. ARE YOU A STAFF IN THIS SCHOOL: _____

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

DECLARATION BY THE PARENTS

I Ms/Mr. _____, resident in the _____ District of West Bengal, do hereby declare that the information given above and in the enclosed documents are true to the best of my knowledge and belief and nothing has been concealed therein. I am well aware of the fact that if any information given by me is proved to be false or not true at any point of time, I will have to bear the 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

A post card size photograph of the Candidate, along with his parents in formal dress to be affixed here.