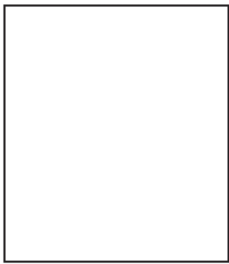


St. Patrick's Academy

VALLACHIRA, THRISSUR
Ph : 9778462025, 9778462026

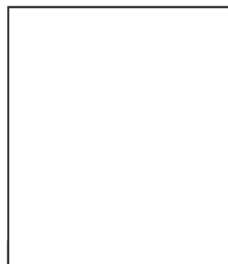
APPLICATION FORM FOR ADMISSION (2026-2027)



Child's Photo



Father's Photo



Mother's Photo

APPLICATION NO.:

GRADE INTO WHICH ADMISSION IS SOUGHT:

STUDENT'S DETAILS

STUDENT'S NAME :
DATE OF BIRTH :
GENDER : Male ☐ Female ☐
SOCIAL CATEGORY :
MOTHER TONGUE :
NATIONALITY :
MOBILE NO. :
RELIGION :
CASTE :
PLACE OF BIRTH WITH COUNTRY :
EMAIL ID :
AADHAR NO. :
Does the student have any sibling in this school? (if yes, mention name & class) :

PARENT INFORMATION

	Father	Mother
a. Name	:	:
b. Qualification	:	:
c. Designation	:	:
d. Occupation/Profession	:	:
e. Organisation	:	:
f. Official Address	:	:
g. Mobile Number	:	:
h. Email Id	:	:
i. Annual Income	:	:
j. Aadhar No.	:	:

ADDRESS DETAILS

Residential Address	Permanent Address

GUARDIAN/EMERGENCY CONTACT DETAILS

Name of Contact	:	Name of Contact	:
Contact No.	:	Contact No.	:
Relationship with the ward	:	Relationship with the ward	:

PREVIOUS SCHOOL DETAILS

Current School Name :
Place & State :
Year :
Medium of instruction till now ? :

MEDICAL DETAILS

Blood Group of pupil :
Does the child suffer from any diseases : Yes / No If yes, specify :
Whether child had any surgical procedure : Yes / No. If yes, specify :
Any known allergies and/or dietary requirements :
Vaccinations :

COMMUNICATION DETAILS

Whom the pupil is living with? :
Whom to give correspondence from the school? :
Responsible party for the payment of the school fees :
Payment structure will be : Term / Annual
Requirement for School Bus : Yes / No
Permission to publish phone number and email details in school community phone book and class list : Yes / No
Permission for photograph of my child to be used in SPA website or for any school purposes : Yes / No

RULES & REGULATIONS

I am fully aware that continuance of my child/ward in St. Patrick's Academy, Thrissur, depends entirely on following the Rules and Regulations' of the School as incorporated in the 'SCHOOL DIARY'.

DECLARATION BY THE PARENT/GUARDIAN

We hereby certify that the above information provided by me/us is correct and I/We understand that if the information is found to be incorrect, the ward shall be automatically debarred from Selection/Admission procedure without any correspondence in this regard. I/We understand that the Application/Registration/Short listing does not guarantee admission to my ward. I/We accept the process of admission undertaken by the school and I/We abide by the decision taken by the school authorities.

IDEMNITY BOND

I agree to my child participating in any educational activities arranged by the school. This includes any field trips. In the event of injury to my child or damage to the property of my child while he or she is participating in such activities, or while on SPA premises or being transported to or from the school, I will not hold the school or any member of the school staff responsible. The school undertakes, in the event of an emergency, to make every effort to contact the parents, if this is not possible the child will be taken either to nearest doctor, or to a suitable hospital for treatment.

Date: Signature of the Mother Signature of the Father /Guardian

FOR OFFICE USE ONLY

Receipt No.: Date:
Rejected/Admitted to Standard:

Signature of the Principal