

St. Xavier's Academy
The School of Excellence
Madrail, Dulepara (East), Pin- 743329,
Contact no. 033-2581 1109 / 8100217053
www.stxaviersacademy.com
E-mail: sxacampus@gmail.com

Paste the
Photo of
the
Student

ADMISSION FORM

(To be filled in by the parent)

1. Name of the Student (In Capital Letters):
2. Class to which admission is Sought:
3. Date of Birth: Age:
(Attach photocopy of birth certificate)
4. Whether the student had earlier studied in other School: Yes No.
5. Name of the school and class passed:
{Attach original copy of the transfer certificate (TC)}
6. Reason for leaving the earlier School:
7. Name of the Father/Guardian: Mobile No.
8. Occupation of the father/Guardian:
9. Name of the Mother: Mobile No.
10. Occupation of the Mother:
11. Correspondence address with PIN Number :
.....
12. E-mail address (In Capital Letters):
13. WhatsApp Mobile No.:
14. Annual income of the family:
15. Citizenship: 16. Religion:

I hereby solemnly and sincerely affirm that the statement made and information furnished by me in the **Admission Form** is true to the best of my knowledge and believe. I have gone through all the rules and regulation of the School and promise to co-operate the School authority for the smooth functioning of the School.

Signature of the Parent / Guardian