# WORD HOME ENGLISH SCHOOL

*.....a premier English medium Co-Ed school*

In Collaboration with S'DEEZ EDUCATION : Administered by DMARD Memorial Trust : CBSE Curriculum
ADDRESS - SSK BARUCTALA LANE (DARNNKRINKA CHOWMATHA), AONNAGAN, HOOGHLY - 712202, BUS STOP - DE WALOBB
Email : wneschool2020@gmail.com : into@wordhomeschool.com : Mob. & Whats app - 85840 48288 / 033-7862-4455
Facebook Page - Word Home English School. Website : www.wordhomeschool.com

Please paste a recent Colour Photo (Passport Size) of the candidate

## ADMISSION FORM

*Form No.:*

***(Read instructions completely before filling form)***

1. Name of the Candidate :
2. Father's Name :
3. Qualification :
4. Occupation :
5. Monthly Income of Father :
6. Mother's Name :
7. Qualification :
8. Occupation :
9. Monthly Income of Mother :
10. Guardian's Name :
11. Qualification :
12. Occupation :
13. Monthly Income of Guardian :
14. Full Address :
15. Contact No. :
16. Alternate Contact No. :
17. E-mail ID :
19. Nationality :
19. Religion :
20. Sex :(Please'✓ ') Male : Female :
21. Date of Birth : D D M M Y Y Y Y
22. Mother Tongue :

(Only duly attested photo copy of Birth Certficate is to be enclosed ( Please '✓ ') : Yes No
(Issued by competent authority under See 1/Sec 17 of the Registration of Birth and Deaths Act 1969)

23. Caste : SC / ST / OBC / Others (Please specify) One duly atiesied photo copy of SC / ST / OBC Certificate

Certificate enclosed : Yes No Does not Arise

24. Age : Year : Month : Days : As on 0 1 0 6 2 0 2 7

25. Admission will be taken in Class : _____

26. Whether Studied earlier in any other school : Yes : ☐ No. : ☐

(if yes give the following details)

a) Name of the previous school with address :

b) Class in which the candidate studied in previous school

c) Transfer Certificate from previous school enclosed : Yes ☐ No ☐ Not yet received ☐

d) Pass result from previous school enclosed : Yes ☐ No ☐ Not yet received ☐

27. If the candidate has any special Physical / mental problem please mention : _____

(e.g. Asthma, Heart Problem, Kidney Problem or any other) _____

28. DECLARATION : I the under signed, father/mother/guardian of the above named candidate hereby declares that the above statements are true & correct to the best of my knowledge. I promise to pay the fees regularly without prior reference and also under take to pay any increased fees without objection. I also promise to follow the rules and regulations of the school and thus help in smooth functioning and betterment of the institution.

| Please paste a recent Colour Photo (Passport Size) of the candidate's Father | Please paste a recent Colour Photo (Passport Size) of the candidate's Mother | Please paste a recent Colour Photo (Passport Size) of the candidate's Guardian |
|---|---|---|

*Signature of*
Father / Mother / Guardian

Date :

If the student is not residing with either of his/her natural parents or if he/she is an orphan then the guardian will be one with whom he/she is residing.

*(To Be filled up by the guardian)* **For Identity Card** **No. :**

Please paste a recent Colour Photo (Passport Size) of the candidate

Name : _____

Guardian's Name : _____

Address : _____

_____

_____ Contact No. : _____

Date of Birth : _____ Blood Group : _____

Class : _____ Section : _____

*Signature of*
*Father / Mother / Guardian*

N. B. : Tick the checklist for documents required to be submitted along with this form.