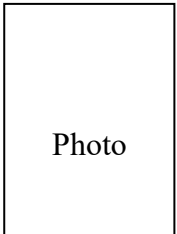




ST .XAVIER'S SCHOOL, KAILASHAHAR
Bhagabannagr P.O., Kailashahar, Unakoti Dt., Tripura – 799 279



S. N. _____

APPLICATION FOR ADMISSION 2026-2027

1. Name (Block Letters) _____
2. FATHER'S NAME: _____ Occupation: _____
3. MOTHER'S NAME: _____ Occupation: _____
4. DATE OF BIRTH: _____ GENDER: BOY GIRL
5. PHONE NO: _____ AADHAR NO. _____
6. MOTHER TONGUE: _____ BLOOD GROUP: _____
7. RELIGION: _____ COMMUNITY: SC ST OBC GENERAL
8. HOME ADDRESS: _____ Post Office: _____
District: _____ State: _____ PIN: _____
9. PRESENT ADDRESS: _____ Post Office: _____
District: _____ State: _____ PIN: _____
10. Height _____ Weight _____

Respected Principal,

May I request you to admit my son/daughter _____ to class _____ at St. Xavier's School, Kailashahar. I agree to abide by the rules & regulations of the school. My son/daughter will maintain the discipline and the directives of the school.

Date

Signature of the Parent / Guardian

For office use only:

Admitted on: _____ Class: _____

Documents submitted along with the Admission Form:

1. Birth Certificate
2. SC/ST Certificate
3. Aadhar Card (Student and Parents)
- Blood Group