



St. Patrick's Academy

ADMISSION REQUEST FORM

Please fill in details of the form in Block/ Capital Letters

Name of the Child (Full) Gender.....

Class Applying for

Date of Birth

Present School Attending

Residential Address

Family Doctor

Any allergies, illness or congenital disorders

(Specify with duration of the illness)

Name of Father

Educational Qualification (Specify)

Occupation (Specify Private / Government)

Department

Designation (Specify)

Annual Income

Contact Number (Personal and Official)

Email id

Name of Mother

Educational Qualification (Specify)

Occupation (Specify Private / Government)

Department

Designation (Specify)

Annual Income

Contact Number (Personal and Official)

Email id

Distance from the school

Siblings studying in St. Patrick's Academy 1.

(Real Brother/Sisters only) 2.....

3.....

Please Note:

- Admission to classes UKG onwards depends on the availability of seats only.
• Interested parents can submit this Admission Request form in the school office.
• Attach a copy of birth certificate and half yearly (Term-1) Progress Report copy.

Signature of Father

Signature of Mother

Application Date