



# ST. XAVIER'S SCHOOL

CHANDIGARH

TEL: 2607079

## PRELIMINARY FORM

NO. ....

To be admitted in .....

- PUPIL'S NAME.....SEX.....  
(Block Letters Please)
- DATE OF BIRTH.....AGE AS ON 1ST APRIL.....  
Please attach Birth Certificate issued by the Health Deptt. or School Leaving Certificate of the last School attended.
- RESIDENCE ADDRESS.....
- RESIDENCE PHONE NO .....MOBILE NO.....
- CATEGORY (Please Tick One): Gen  SC  ST  BC
- FATHER'S NAME ..... Education.....  
Designation.....
- Father's Official Address (with name of the organization) .....  
.....  
E-mail .....Office phone No.....Mobile No.....
- MOTHER'S NAME.....Education .....  
Designation .....
- Mother's Official Address (with name of the organization) .....  
.....  
E-mail.....Office Phone No.....Mobile No .....
- LAST SCHOOL ATTENDED.....CITY.....
- LAST CLASS ATTENDED.....PUPIL'S NATIONALITY.....  
Brother/Sister Studying in St. Xavier's Yes/No (if Yes, give Name, Class & Roll No)  
1. Name.....Class/Section.....Roll No.....  
2. Name .....Class /Section.....Roll No.....

Parent's/Guardian's Name.....Parent's /Guardian's Signature.....

Will the child use School Bus? .....

Admitted Provisionally-Submit T/C, Birth Cert., Report Card, One Coloured Photograph of Passport Size

Date.....

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(Principal)

BOARDER/DAY-SCHOLAR

**ADMITTED**

1st CHILD/2nd CHILD/3rd CHILD

in class ..... Section..... Payment to be made before.....