ST THOMAS CENTRAL SCHOOL

St Thomas Nagar, Mukkolakkal,

Thiruvananthapuram –695043

School Telephone No. 2511330

2020-2021

# INFORMATION SLIP

Fill in block letters

Name………………………………………………………………………………………..

Class ………………….. Section……………………… House…………………………..

Religion ……………………. Community ……………………… SC ST OBC Gen

Roll No………… Admission No…………… Aadhar No……………………………………

Date of Birth…………………………… Mother Tongue ……………………………….

Blood Group………………Height………………cms Weight………………kg

Year of joining school……………………………………………………………………

Father’s/ Guardian’s Name………………………………………………………………..

Mother’s Name ……………………………………………………………………………

Designation of Father………………………………………………………………………

Designation of Mother……………………………………………………………………...

Residence Address Office Address

……………………………….. ……………………………………..

……………………………….. ……………………………………..

………………………………. …………………………….………

Mobile No. Telephone No

Father …….……………….………. Father ………….……………..……….

Mother…………………………..… Mother…………………………..…

Guardian ……………………………

Bus boarding Point…………………

Specimen Signature of Parent or Guardian:

Father ………………………………………. Mother ………………………………..

Guardian ………………………..

Name of Brothers & Sisters studying in the School

1………………………………… Class …………………………….. Section………………

2………………………………… Class ……………………………… Section………………

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I have read all the rules of the School as contained in the school Diary and agree to abide by them and all the decisions of the school.

Date: Signature of Father/ Guardian

Class Teacher