

**INSTRUCTIONS FOR FILLING UP THE APPLICATION FORM**  
**(FOR LOWER NURSERY TILL CLASS 8)**

**THE INSTRUCTIONS ARE AS FOLLOWS:**

- Download the application form attached below.
- Take a printout of the form and fill it up.
- Put N.A. if not applicable while filling up the form.
- After filling up the form you can submit the same to the school office @  
Rs.500/-.

**Regards**  
**Shaw Public School**

# Shaw Public School

Affiliated to  
**Council for the Indian School Certificate Examinations**  
New Delhi

6, Fakir Para Road, Behala, Kolkata - 700 034  
Phone : 2407-1890 / 91 / 92 • E-mail : shawpublicschool@gmail.com  
Website : www.spskolkata.com

3.5 cm. (W) x 4.5 cm. (H)

**APPLICATION FOR ADMISSION TO CLASS .....**

Form No. : (For the Academic Year 20\_\_ - 20\_\_)

(For Office use only)

Admn. No. : .....

Date : .....

All details to be filled in BLOCK LETTERS :

NAME OF THE CHILD

[illegible][illegible]

DATE OF BIRTH

[illegible]

AGE AS ON APRIL 01, 20

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D	D
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	M	M
--	---	---

	Y	Y
--	---	---

[illegible]

Y Y

	M	M
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D E

LANGUAGE(S) SPOKEN AT HOME .....

## DETAILS OF PARENTS

	FATHER	MOTHER
NAME		
EDUCATIONAL QUALIFICATION		
PROFESSION AND DESIGNATION		
ADDRESS (RESIDENCE)		
NAME & ADDRESS (OFFICE)		
CONTACT NOS. (OFFICE)		
MOBILE NO.		
WHATSAPP NO.		
E-MAIL		

TOTAL MONTHLY INCOME OF THE FAMILY :

Form No. : .....

## ACKNOWLEDGEMENT

DATE : .....

NAME OF THE STUDENT .....

CLASS APPLIED FOR .....

PARENT'S NAME

[illegible][illegible]

SUBMISSION ON ..... 20 ..... AT .....

INTERVIEW ON ..... 20 ..... AT .....

SIGNATURE  
(FOR SHAW PUBLIC SCHOOL)

PREVIOUS SCHOOL(S) ATTENDED : (PLEASE ATTACH RECORDS OF PREVIOUS SCHOOL, IF ANY)

NAME OF THE SCHOOL	PERIOD	REASONS FOR CHANGE

DETAILS OF YOUR OTHER CHILDREN :

NAME	AGE	CLASS	SCHOOL

ANY SERIOUS ILLNESS / ALLERGIES / HANDICAP / LEARNING DIFFICULTIES : (Please attach medical certificate from a qualified doctor)

**DECLARATION :**  
WE DECLARE THAT THE INFORMATION PROVIDED IS TRUE. WE UNDERSTAND AND AGREE THAT THE SCHOOL’S DECISION ON MATTERS OF ADMISSION WILL BE FINAL AND BINDING ON US.

FULL SIGNATURE OF FATHER : .....

DATE : .....

FULL SIGNATURE OF MOTHER : .....

DOCUMENTS TO BE SUBMITTED DURING ADMISSION :

1. Xerox Copy of Birth Certificate

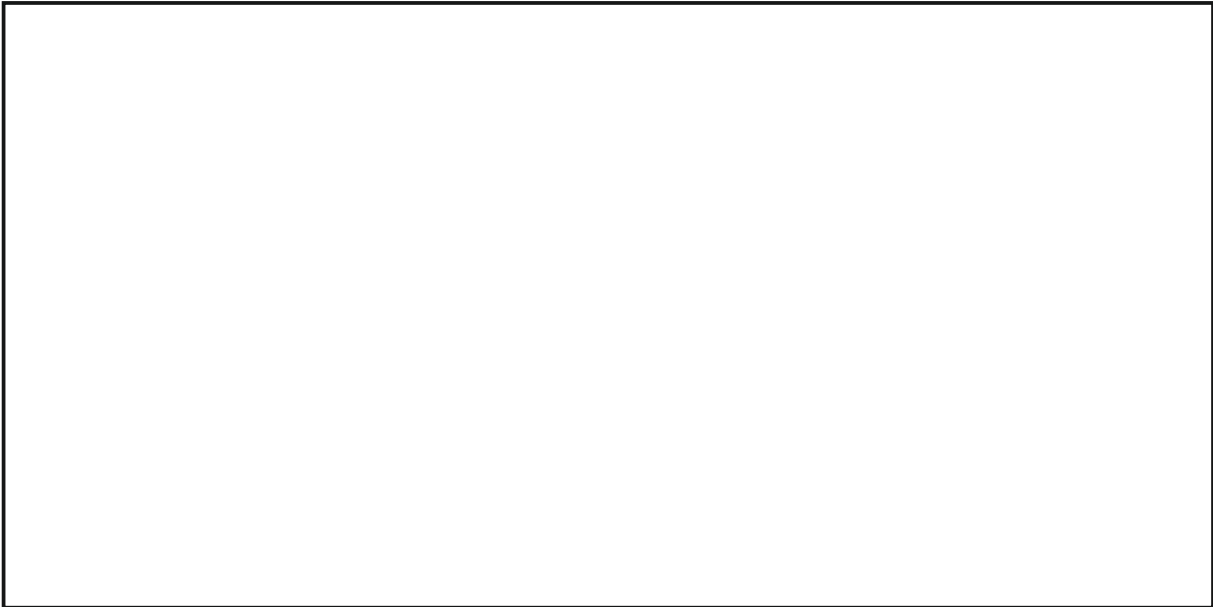
3. Xerox Copy of Immunization Record

5. Document supporting the change of Name or Surname
2. Xerox Copy of Aadhar Card

4. Two Passport size Photographs each of the Child. Father and Mother

6. Medical Documents

Incomplete applications including those without necessary enclosures will not be considered.



A post card size photograph of the child along with the parents in formal dress to be affixed here.



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