

Application Form

Affix photo of Student

Course applied for: _____

Note: Please use capital letters only

A. INFORMATION OF THE STUDENT

First Name:

Last Name:

Gender

Male

Female

Date of Birth

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Languages known	Read	Write	Speak	Mother Tongue Specify with checkmark

ADDRESS

Mobile No:
E-mail ID:

NOTE: IN CAPITAL LETTERS ONLY

FAMILY INFORMATION**Father/Guardian:**

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:		
Designation:		
Annual Income:	Tel:	

Mother/Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:		
Designation:		
Annual Income:	Tel:	

Details of Brothers / Sisters of the student

Name	Age	Education Qualification	School / College / Employer

B. DETAILS OF PREVIOUS STUDY

Year	School	Board	Standard/ Grade	Grade/Marks

Awards won so far in sports, arts or academics

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C. MISCELLANEOUS

How did you hear about the Texmo Academy?

Print

Referral

Word of mouth

Search engine

Advertising

Social media

DECLARATION

I, _____ have the authority to admit my son/daughter _____, into the school as the parent/ legal guardian. I undertake the responsibility of providing any evidence needed to support the information provided here, if necessary for any reason. I declare that the statements provided in this application are correct to my knowledge and if found otherwise, I shall abide by the decision of the management. I agree to abide by the rules, regulations and the fee structure of the school.

Date:

Signature of Student

Signature of Parent / Guardian

For Texmo Academy Office use only

Admitted

Not Admitted

Admission Co-ordinator

Head of the Institution

Date

Date

Course

Admission No