

FEED-BACK

How did you learn about our St. Xavier's Public school?

What are your main reasons for wanting your child to come to St. Xavier's Public school?

What are your child's interests and hobbies?

In what area or areas does your child excel?



Father's Signature :



Mother's Signature :

Date of Application : _____

Signature of Local Guardian (if any) _____

ADMISSION FORM

TO
THE PRINCIPAL
ST. XAVIER'S PUBLIC SCHOOL

GENERAL INFORMATION

First Name of Student	<input type="text"/>	<input type="text" value="TM"/>
Middle Name of Student	<input type="text"/>	
Last Name of Student	<input type="text"/>	
Name of Student	<input type="text"/>	
Name of Father	<input type="text"/>	
Name of Mother	<input type="text"/>	
Admission sought for	<input type="text"/>	
Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Blood Group	<input type="text"/>	Height <input type="text"/>
Date of Birth (in numbers):	<input type="text"/>	
Date of Birth (in words):	<input type="text"/>	
Place of Birth	<input type="text"/>	
Nationality	<input type="text"/>	