Form No.:



## BEACON ENGLISH DAY SCHOOL (CO-EDUCATIONAL ENGLISH MEDIUM SCHOOL)

(I.C.S.E. CURRICULUM)

Please Affix a recent colour Photograph

10/1, KABI CHANDI CHARAN MITRA STREET BELGHARIA, KOLKATA - 700056 PHONE : (033) 2553 0582

		BLACK INK ON	C. J			
CLASS APPLIED	ADM, DATE		TIME			
Name in full						
					T	
Please write the surname first,	the first name next then the	e second name	and so on)			
Academic session for which admission is sought	Class to which adm is sought	ission	Date of Birth			
		State o	f origin (Pleas	e specify	in.	
Place of Birth	Nationality		nts hait from d			
Language(s) spoken at	home	Religion		Se	×	
				М	F	
CADEMIC BACKGROUND (At	tach Latest Progress Repor	rt)				
Previous School :						
Years Attended :						
Extra-Curricular interests of the	child (games, hobbies etc.)					
Medical History of the child (has		major illness) :	Yes / No			
If so, nature of illness? Blood gr	roup?		ř.			
FAMILY INFORMATION						
FAMILY INFORMATION Father:		Age:	Nationality :			
1-78		Age :				
Father:			(s):			
Father : Educational Qualification :		Institution	(s):			
Educational Qualification : Ortganisation working for :		Institution Office Add	(s):			

Mother:	Age:	Nationa	ality:			
Educational Qualification :	Institutio	Institution(s):				
Ortganisation working for :		Office Address :				
Designation :	Tel:					
Annual Income (Approx) :	Fax:					
E-mail:						
ESIDENTIAL / PERMANENT ADDRESS :						
lob No.						
Cancellation of admission, or expulsion. We do he Regulations in force from time to time.  If, if spite of normal precautions taken by the sch	sion of facts will just ereby consent to a gool, any mishaps, a	ify the den abide by the	ial of adi ne Scho injury o	mission ool Ru ccurs o	n, t les	
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[ NOTE : BRING ORIGINALS FOR VERIFICATION, MONEY ONCE PAID IS NON REFUNDABLE ]