



# St. Luke's Day School

(ICSE & ISC)

( DR. SURESH CHAKRABORTI MEMORIAL FOUNDATION )

5A, J. M. G. Road \* Naihati - 743165 \* 24 Parganas (North) \* W.B.  
Phone : (033) 2581-2101 \* e-mail : stlukesdayschoolwb249@gmail.com

( Affiliated to the C.I.S.C.E., New Delhi )

PHOTO

Student ID No. ....

( WRITE IN BLOCK LETTERS )

1. Name of the Student :
2. Date of Birth :
3. Student Aadhaar No. :
4. Sex (M/F) and Blood Group :
5. Genl./SC/ST/OBC/EWS :
6. In which class the Student seeking admission ? :
7. Name of the School last attended :
8. Whether the Student has taken Polio and Triple Antigen ? :
9. Father's Name :  
Qualification :  
Designation ( in details ) :  
Address :  
Phone No./ e-mail address :
10. Mother's Name :  
Qualification :  
Designation ( in details ) :  
Address :  
Phone No./ e-mail address :
11. Guardian's Name :  
Qualification :  
Designation ( in details ) :  
Address :  
Phone No./ e-mail address :
12. Relationship of Guardian with the Student :
13. Annual Income of the Family :
14. Name & Phone No. of House-Physician :

## DECLARATION

I do hereby declare that the informations given above regarding my son/ward is true to the best of my knowledge and belief, and I am also ready to spend any incidental charge towards festivals and other functions as and when required by the school authorities in addition to the normal monthly charges as mentioned in the prospectus.

Date .....

Signature of Father / Mother / Guardian

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