

SOPAN ACADEMY

A Co-educational English Medium School
Following WBBSE Syllabus

26/1, West Ghosh Para Road,
Bhatpara, North 24 Parganas, 743123

Admission Opted for :

Class I Class II Class III Class IV Class V

Class VI Class VII Class VIII

Language Combination :

English + Bengali English + Hindi

REGISTRATION FROM 20 - 20

Student Code:

Registration No:

Please affix a recent Passport Photo

FATHER

Please affix a recent Passport Photo

MOTHER

Please affix a recent Passport Photo

STUDENT

Name of the student :

(In Capital Letters)

Date of Birth :

D D M M Y Y Y Y

Age as on 1st April 20__ Years__ Months__ Days.

Father's Name:

Mother's Name:

1. Residential

Address:

Pin Code: Phone No (1):

(2):

2. Guardian's Name:

Residential

Address:

Pin Code: Phone No (1):

(2):

E-mail Address:

3. Sibling (Brother /Sister) Yes / No

(Tick the appropriate)

(Details of sibling studying in the school)

Sibling's Name: Class & Section:

4. Gender – Boy: Girl:

5. Child who is Physically Challenged – Yes/ No, If yes:
(Enclosed proper documents)

6. Particulars about Parents & guardian:

	Educational Qualification	Service/Business	Income Annually
Father			
Mother			
Guardian			

7. Socially disadvantaged : SC ST OBC

8. Mother Tongue :

9. Blood Group :

10. Nationality :

11. Religion:

12. Admission For Class:

13. Academic Background:

Previous school		Final marks of previous year	
Last class attended		English	
		Hindi	
		Bengali	
		Math	
		Social Science (History, Geography)	
		Science	

14. How did you know about SVCS:

Through word of mouth

Through advt.

Through pre school

Any others

Certificate to be enclosed:

Duly attested copy of birth certificate.

Duly attested copy of the report card of the school last attended.

Duly attested copy of the residential address proof certificate.

Duly attested copy of SC/ST/OBC Certificate.

CERTIFICATE FROM THE PARENT :

I / We hereby certify that the above information provided by me/us is correct and I/we understand that if the information is found to be incorrect or false, the ward shall be automatically debarred from selection/admission process without any correspondence in this regards. I/we also understand that the application/registration/ short listing does not guarantee admission to my ward. I/we accept the process of admission undertaken by the school and I/we abide by the decision taken by the school authorities.

Signature of Father / Mother
Date :

Signature of Guardian
Date :

Note : 1) Age limit 2 to 10 years.
2) Completely filled form along with necessary documents
Time: 10:00 a.m. to 4:00 p.m. on all working days.

FOR OFFICE USE ONLY

Test date Time

For classof 20 - 20 session.

Date :

Signature of recipient
with seal