



**OEM
PUBLIC
SCHOOL**

OUTSHINE. EVOLVE. MOVE AHEAD

Eraviperoor, Thiruvalla,
Pathanamthitta Dist.
Kerala-689 542, India
Phone: +91 469 266 6416
+91 92077 02750, 92077 02751
Email: mailus@oemschool.com
www.oemschool.com

CBSE AFF NO: 930166
SCHOOL CODE: 07212

AFFIX A
PASSPORT SIZE
PHOTO

Reg. Form. No.:

APPLICATION FOR ADMISSION

► FILL THE APPLICATION IN BLOCK LETTERS.

Grade for which admission is sought:.....

GENERAL INFORMATION											
Name of the Student (As should be entered in school records)											
First Name		Last Name		Middle Name							
Name in full (in Malayalam)											
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth	D	D	M	M	Y	Y	Y	Y
Date of Birth (in words)											
Place of Birth				Country of Birth							
Nationality				Mother Tongue							
Religion		Caste	Gen. <input type="checkbox"/>	OBC <input type="checkbox"/>	SC <input type="checkbox"/>	ST <input type="checkbox"/>	Sub Caste				
Does your child have any disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>									
Any evidence of learning disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(Please attach full details if any)								
Allergies (If any)											
Is there any medical information about your ward which the school should be aware of:											
Blood Group:		Identification Mark 1									
		Identification Mark 2									
ACADEMIC RECORD											
School last attended											
Board of school last attended											
Reasons for withdrawal											
Transfer Certificate Number											
DETAILS OF PREVIOUS SCHOOLING											
Year from-to	Name of the School			Grades / Marks obtained in the last exam							
				English	Language	Mathematics	Science				
First Language				Second Language							
Sports/games/activities involved in											
Performing arts trained in											
Recent accomplishments											

PARENT'S DETAILS			
Father's full Name		Mother's Name	
Educational Qualification		Educational Qualification	
Employment Type	Employed <input type="checkbox"/> Self-employed <input type="checkbox"/>	Employment Type	Employed <input type="checkbox"/> Self-employed <input type="checkbox"/>
Others:		Home maker / Others	
Profession / Designation		Profession/Designation	
Organisation / Address		Organisation / Address	
Mobile No		Mobile No	
E-mail		E-mail	
In case of guardian, relationship with the student			
Address (Res)			
		Mobile No	
ADMISSION INFORMATION			
Please enclose the following along with the application:- 1. 3 passport size photograph. 2. Copy of the Birth Certificate. 3. School records covering the last 2 years. 4. Father's/Mother's/ Guardian's ID Proof(Aadhar / PAN) 5. Other relevant documents.			
DECLARATION			
I understand that:- <ul style="list-style-type: none"> The above mentioned information provided by me/us is correct and that any part of information is found to be incorrect or false, my/our ward shall be automatically debarred from selection/ admission cancelled without any correspondence in this regard. The application registration/short listing does not guarantee admission of my ward. The fee structure (Admission fee, Tuition Fee, Transportation fee, Library Fee, Extra-Curricular activity fee, Hostel Fee, Mess Fee, School Uniform, Arts, Sports and Games Fee etc...) of the school is the prerogative of the management and that it may be changed from time to time. I declare that I will abide by the school rules and the above statements and accept the decisions of the management for the well-being of my ward.			
Place:		Signature of the Parent / Guardian	
Date of Submission			
FOR OFFICE USE			
Received Rs.....by Cash / DD / Cheque towards Registration / Registration Form		The child is registered for	
Fee Receipt No.....dated..... for Rs.....is issued		Class	
		Year	
		Reg. No.	
		Date	
Academic co-ordinator	Principal	Office Superintendent	Chief Executive Officer



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REGISTRATION FORM

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Name of the Candidate			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth
Registration for the Academic Year			
Class to which admission is sought			
Stream opted (only for Class XI)	Science <input type="checkbox"/>	Commerce <input type="checkbox"/>	
Name & Place of the school last attended			
Syllabus followed (Please Tick)	SSLC <input type="checkbox"/>	CBSE <input type="checkbox"/>	ICSE <input type="checkbox"/> Others <input type="checkbox"/>
	Specify		
PARENT'S DETAILS			
Father's Name		Mother's Name	
Occupation		Occupation	
Place		Place	
Telephone (Off)		Telephone (Off)	
Mobile		Mobile	
E-mail		E-mail	
Kindly provide Residential Address, Email ID, Phone Number for official correspondence:			
Local Address		Office Address	
Pin		Pin	
E-mail			
Mobile			
		Signature	
Date of Reg.:	Sl. No.:	Receipt No.:	