



BEACON HIGH
SANGAM, 18th A ROAD, KHAR - MUMBAI - 400 052
TEL: - 26007716 / 26486846
ICSE Reg No: MA-063
UDISCE NO: 27230500148

**CHILD'S
PHOTOGRAPH**

Application Form for Admission to....

DETAILS OF CHILD.

1. Name _____
Name Middle Name Surname
2. Sex Male Female 3. Blood Group _____
4. Place of Birth _____ Date of Birth _____
5. U-DISE No: _____ 6. Aadhar Card No: _____
7. Nationality _____ 8. Mother Tongue _____
9. Religion : _____ 10. Caste / Sub Caste: _____
11. Languages Spoken _____
12. Last School attended _____
13. Studying in class : _____ since _____
14. Admission Sought to Class _____

PARENTAL INFORMATION

FATHER

1. Name _____
2. Educational Qualifications _____
3. Occupation/ Profession _____
4. Office/ Business Address _____
- Office Tel. No. : - _____ Cell No. : - _____
5. Aadhar Card No: _____ 6. PAN Card No: _____
7. Email Id: _____

MOTHER

1. Name _____
2. Educational Qualifications _____

3. Occupation/ Profession _____

4. Office/ Business Address _____

Office Tel. No. :- _____ Cell No. :- _____

5. Aadhar Card No: _____ 6. PAN Card No: _____

7. Email Id: _____

8. Residential Address _____

With Tel. No: _____

Date: _____

Father's Signature

Mother's Signature

KINDLY ENCLOSE:

1. Birth Certificate (Original and Xeroxed copy)
2. 2 Passport sized
3. Leaving Certificate of Previous school (Original)
4. Xerox copy of Aadhar Card
5. Notarised copy of caste / sub caste
6. Last School's report card (Xerox)

Medical Information _____
