



# BISHOP SARGENT SCHOOL

## ICSE SYLLABUS

#65, Marenahalli Village, Bagaluru, Bengaluru

Ph: 080-28444605 / Mob: 9740397114

### Application For Admission

Passport  
size photo  
to be affixed  
here

1. Name of the pupil (Block letter): .....
2. Address : .....
3. Contact No. Father : ..... Mother : .....
4. Sex  Male  Female
5. Date of Birth : Date..... Month..... Year.....
6. Place Of Birth : Place : ..... Taluk : .....  
Dist : ..... State : .....
7. Name of the Father : .....
8. Name of the Mother : .....
9. Education Qualification Father : ..... Mother : .....
10. Occupation Father : ..... Mother : .....
11. Annual Income : .....
12. Mother Tongue : .....
13. Number of Brothers : ..... Elder..... Younger.....
14. Number of Sisters : ..... Elder..... Younger.....
15. Nationality : .....
16. Religion : ..... Cast.....
18. Whether belongs to SC/ST  Yes  No  
(If yes, Enclose the Certificate)

The information Furnished above is true to the best of my knowledge, I request the above-named pupil may be admitted in your school, I shall abide to the rules and regulations of the management and co-operate with school authorities.

Date: \_\_\_\_\_ Signature of the Parent / Guardian

Documents Required: (1) Copy of the Birth Certificate, (2) 3 Passport size Photos, (3) Copy of T.C

### FOR OFFICE USE ONLY

Admitted into .....Standard ..... Section of Payment prescribed fee .....  
Admission No ..... Fee Receipt No.....

Date: \_\_\_\_\_ Signature of Headmaster / Headmistress