



# St. Patrick's Higher Secondary School, Asansol

PLEASE FILL THE DETAILS IN BLOCK CAPITALS ONLY

ADMISSION FOR CLASS \_\_\_\_\_ IN THE ACADEMIC YEAR 2025 - 2026

*INSTRUCTION : Please answer all questions completely and as accurately as possible. Wherever applicable, please tick (✓) the box required that accurately reflects your answer. Incomplete and erroneous information shall lead to automatic disqualification.*

Paste  
One recent colour  
Passport Size  
Photograph of the  
Student  
(Do not Staple)

1. Applicant's Name (in capitals): \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_ (in words) \_\_\_\_\_

3. Religion : \_\_\_\_\_ Nationality : \_\_\_\_\_

4. Do you belong to: General  ST  SC  OBC  5. Second Language : Hindi  / Bengali   
(Please attach an attested photocopy of SC/ST/OBC Certificate)

6. Name of School and class your son is presently in: \_\_\_\_\_  
\_\_\_\_\_ Class : \_\_\_\_\_

7. Father's Name (in capital): \_\_\_\_\_

8. Mother's Name (in capital): \_\_\_\_\_

9. Residential Address: House No. and Street: \_\_\_\_\_  
\_\_\_\_\_

City/ Town: \_\_\_\_\_ Pin Code: \_\_\_\_\_

10. How long have you been staying at the above address : \_\_\_\_\_

11. Contact No. \_\_\_\_\_ E-mail id (Gmail)- \_\_\_\_\_

12. Father's Occupation : Govt. Service  Private Sector  Other  \_\_\_\_\_

Office Address : \_\_\_\_\_

Pin Code : \_\_\_\_\_ Office Phone No. : \_\_\_\_\_

13. Mother's Occupation : Govt. Service  Private Sector  Other  \_\_\_\_\_

Office Address : \_\_\_\_\_

Pin Code : \_\_\_\_\_ Office Phone No. : \_\_\_\_\_

14. Does the applicant have a REAL brother/s (not Cousin/s) studying in St. Patrick's Higher Secondary School currently? YES  NO

If YES, please provide the following information:

	Name(s) of Brother(s)	Name of School	Class & Section
a.	_____	_____	_____
b.	_____	_____	_____

15. Is the father a PAST PUPIL of St. Patrick's Higher Secondary School? YES  NO

If YES, Year of Passing : \_\_\_\_\_ ICSE / ISC \_\_\_\_\_

16. Local Guardian's Name, relationship to Student, Profession, Address : \_\_\_\_\_  
(To be filled in only if the guardian is other than the father or mother)

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**N.B. NAME AND DATE OF BIRTH ONCE ENTERED IN THIS FORM WILL NOT BE CHANGED IN OUR SCHOOL RECORDS**

*DECLARATION: I hereby certify that all the information given above is correct and I am aware that erroneous and false information shall lead to automatic disqualification. In addition, I also certify that all documentation requirements and criteria are met and are enclosed with this application form. The decision of the School Management is accepted as binding and final.*

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Signature of Mother

Date : \_\_\_\_\_