



ST. XAVIER'S HIGH SCHOOL (ICSE)
BARABATI STADIUM, CUTTACK
REGISTRATION FORM

REGISTRATION DATE :

REGISTRATION NUMBER :

NAME OF THE STUDENT	Surname	Middle Name	First Name
	<input type="text"/>	<input type="text"/>	<input type="text"/>

DATE OF BIRTH:

FATHER'S NAME:Profession.....

MOTHER'S NAME: Profession.....

PERMANENT ADDRESS WITH PH.NO./E.MAIL ADDRESS.....

PRESENT ADDRESS WITH PH.NO./E.MAIL ADDRESS.....

RELIGION:CASTE.....CATEGORY: Gen/Obc/SC/ST

APPROX. ANNUAL INCOME:

CLASS TO WHICH ADMISSION IS SOUGHT:

PREVIOUS SCHOOL /BOARD ATTENDED:

SOURCE OF INQUIRY:

WEB/INTERNET : EXISTING PARENT REFERENCE:

HOARDING/ADVERTISEMENT: NEWSPAPER:

DETAILS OF SIBLINGS (IF ANY) STUDYING IN THE SCHOOL:

PARENT/GUARDIAN SIGNATURE: