



Last Date of Submission: \_\_\_\_\_ Serial No. \_\_\_\_\_

**DR. GRAHAM'S HOMES, KALIMPONG**

**Founded in 1900 by the Very Rev. John Anderson Graham, C.I.E., D.D., L.L.D.**

**REGISTRATION AND APPLICATION FOR ADMISSION**

**AS A BOARDER/DAY SCHOLAR**

(In the year of admission to UKG, the student must have completed 5 years of age on 31<sup>st</sup> March and an upward sliding scale is used accordingly for other classes).

1. Name in full: \_\_\_\_\_

(Surname First)

2. Sex of Student: Male/Female: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_

(Birth certificate to be attached – no change permitted later)

1. Nationality: \_\_\_\_\_

2. Religion: \_\_\_\_\_

3. Name of the School in which student is studying: \_\_\_\_\_

\_\_\_\_\_

1. City / Town in which student is located: \_\_\_\_\_

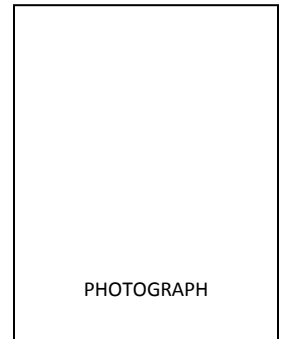
2. Is the School a Government Recognized School?: \_\_\_\_\_

3. Class in which the student is attending: \_\_\_\_\_

4. Second Language being learned by the student: \_\_\_\_\_

5. Year in which admission is sought: \_\_\_\_\_

6. Second Language being learned by the student: \_\_\_\_\_



7. Year in which admission is sought: \_\_\_\_\_

8. Class into which admission is sought: \_\_\_\_\_

9. Are you seeking admission for your son / daughter / ward as a boarder / day scholar?

Please tick: Boarder / Day Scholar

**B. PARTICULARS OF PARENTS:**

**I. MOTHER:**

Name in full: \_\_\_\_\_

Nationality: \_\_\_\_\_

Religion: \_\_\_\_\_

Occupation/Business: \_\_\_\_\_

Annual Income: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date : \_\_\_\_\_

**II. FATHER:**

Name in full: \_\_\_\_\_

Nationality: \_\_\_\_\_

Religion: \_\_\_\_\_

Occupation/Business: \_\_\_\_\_

Annual Income: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date : \_\_\_\_\_

**III. LOCAL GUARDIAN:**

Name of Guardian: \_\_\_\_\_

Nationality: \_\_\_\_\_

Occupation / Business: \_\_\_\_\_ Annual income: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email : \_\_\_\_\_

Residential Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Dated: \_\_\_\_\_

Local Guardian's signature: \_\_\_\_\_

(Name in full)