



FORM FOR SCHOOL IDENTITY CARD

Student's Name _____ Class _____ Date of Birth _____

Sibling's Name _____ Class _____ Date of Birth _____

Sibling's Name _____ Class _____ Date of Birth _____

Address _____

Father's Mobile No. _____ Mother's Mobile No. _____

Mode of Transport: **Bus** Route No ___ / **Non Bus** (please tick as applicable)

- 1. Please fill in the information in capital letters
- 2. Please PASTE photograph in the space provided

SLNO	RELATIONSHIP TO STUDENT	NAME	PASSPORT SIZE PHOTOGRAPH
1	FATHER		
2	MOTHER		

3	ESCORT		
4	ESCORT		
5			
6			
7			
8			

Parent's Signature