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REQUEST FORM FOR ENTRANCE TEST FOR LATERAL ENTRY (2025-26)

Notice: 1. This is not an application Form 2. Incomplete forms will be rejected

SCHOOL to which Admission is sought (please refer to the Notice)

(i) STRS (ICSE), (ii) STCS (CBSE), (iii) STHSS (State Syllabus) (iv) STPS (CBSE, MC Nagar)

CLASS to which admission is sought: STD

1. Name of the Pupil (in block letters):
2. Date of Birth (Copy of Certificate to be attached): 2.1 Sex: M F
3. a) Religion: Denomination:
- b) If Christian, whether Marthomite: Name of Parish & Tel No:
4. Nationality: 4.1 Mother tongue:

	Details of parents	Father	Mother
5.	Name:		
6.	Qualification:		
7.	Designation/ Occupation (please include the name of the firm where employed):		

8. Address for Communication:
.....
(Mobile): E-mail:
9. Name of previous School if any, with address:
10. Code No. and affiliation No. of the School:
11. Reason for leaving the School:
12. Permanent Education Number (PEN No.):
13. Is Boarding facility desired:
14. Annual Income of the Parents:
15. Direct Brother or Sister (Not cousins) studying / Studied in St Thomas Schools, Mukkolakkal or M C Nagar
Name : Class & School : Year:
16. Are parents alumni of any St Thomas schools in Trivandrum? If yes, give details (School, Year)
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NOTE: Admissions will be subject to availability of vacancies. Please check the website for Lateral Admission.

PARENT'S / GUARDIAN'S AGREEMENT

The particulars given in this application are true and I agree that any false or misleading statement will render the admission, even if granted, liable for cancellation. If given admission, I hereby agree to comply with the conditions laid down by the School and its Management.

Documents attached are : 1. Copy of Birth Certificate 2. Aadhar

Place:

Date:

Name & Signature of Parent / Guardian