



St. Mary's Residential Public School

"50th Year of Excellence"

Paliakara, Thiruvalla – 689 101

Ph : 0469 – 2600710,2605739, +91 9249455768

REGISTRATION FORM 2025-'26

Serial No.:

(to be assigned by the School)

Affix OR
attach
Passport Size Photo
of the student

Name of Pupil (in capital letters)*:

First Name

Middle Name

Last Name

Date of Birth*:

DD

MM

YYYY

Gender*:

Male

Female

Aadhar No. *:

Blood Group*:

Religion*:

Community*:

Class to which admission is sought*:

Second Language (if applicable) :

Third Language (if applicable) :

Stream Opted (Only for admission to Class 11)

Please mention in the check box according to the **order of preference** of group. Eg: 1,2,3

Group A – Physics, Chemistry, Informatics Practices, Biology, English (PCIB)

Choose an item.

Group B - Physics, Chemistry, Mathematics, Biology, English (PCMB)

Choose an item.

Group C – Physics, Chemistry, Mathematics, Informatics Practices, English (PCMI)

Choose an item.

Group D - Business Studies,Economics,Accountancy,Informatics Practices,English (BEAI)

Choose an item.

Group E –Business Studies, Economics, Accountancy, , Mathematics, English (BEAM)

Choose an item.

Group F –History, Economics, Psychology, Political Science, English (HEPP)

Choose an item.

Group G – Psychology, Biology, Chemistry, Physics , English (PBCP)

Choose an item.

Parent's Information:

Father's Name (in Full) *:

Father's Qualification*:

Father's Mobile No. *:
(Area/Country Code)

Father's Email ID*:

Father's Occupation*:

Father's Organization*:

Father's Official Address*:

Mother's Name (in Full) *:

Mother's Qualification*:

Mother's Mobile No. *:
(Area/Country Code)

Mother's Email ID. *:

Mother's Occupation*:

Mother's Organization*:

Mother's Official Address*:

Annual Income of the Family (INR) *: ₹

Last School attended by the Pupil *:

Name of own brother(s)/sister(s) studied or studying in this Institution and Class

School Hostel facility required? *

Yes No

Whether School bus required, if yes, mention exact boarding point*

Yes No

Boarding Point (if yes)

Permanent Address * :

Alternate Guardian Details

Guardian's Name :

Guardian's Phone No.:

Guardian's Email ID :

Instructions, please read carefully:

1. I/we certify that the above information provided by me/us is correct.
2. You are requested to fill all the relevant information in the registration form using latest version of Adobe Acrobat. All (*) marked fields are mandatory. You may also Print and Fill, Scan and send it along with the screenshot of registration fee payment details and passport size photograph to adm.smrps@gmail.com

3. Registration fee of ₹ 350/- (non-refundable) may be sent to the following account.

Bank : Canara Bank

Branch : Market Road Branch, Thiruvalla

A/c Name : St. Mary's Residential Public School

A/c No.: 41063070000428

IFS Code : **CNRB0014106**

ST MARYS RESIDENTIAL PUBLIC SCHOOL



233716777000428@cnrb

4. Incomplete or partially filled forms will not be accepted.
5. Registration is no guarantee for admission and admission is granted purely on merit basis and availability of seats.

I the Parent/Guardian acknowledge that I have read all the terms and conditions

Yes

Name of Parent/Guardian:

Place:

Date:

Signature

-----FOR OFFICE USE ONLY-----

Serial No.:

Admission status :

Class and Division :

Signature of Principal