



# ALL KERALA SELF FINANCING PRIVATE SCHOOLS ASSOCIATION

(Reg. by Govt. of Kerala No: 165/IV/14)

PALARIVATTOM, COCHIN – 25

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## APPLICATION FORM FOR MEMBERSHIP AND AFFILIATION

1. Name of school (Capital Letter) : .....
2. Address of the school : .....  
.....Pin.....  
Phone ..... Mob:.....
3. Name and address of the principal/Incharge : .....  
.....  
Phone ..... Mob:.....
4. Name and address of manager with phone No .....  
Phone ..... Mob:.....
4. Year of establishment : .....
5. Attach brief history of the school in separate sheet:
6. Class wise strength details

Name of Class	Play Class	LKG	UKG	1	II	III	IV	V	VI	VII
Strength										

7. Total Strength of Students : .....
8. Number of teaching staff : .....
9. Number of non-teaching staff : .....
10. E-mail ID of School : .....

### DECLARATION

I.....Manager / Principal of ..... School hereby declare that the above statements, submitted for the membership and affiliation to the All Kerala Self Financing Private School Association, are true and correct to the best of my knowledge and belief. I agree to abide by the rules and regulations of the Association.

Name and Signatue of the Principal/ Manager

Place:

Date:

School Seal