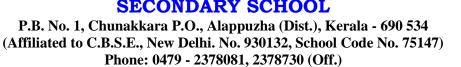


## CHERUPUSHPA BETHANY SENIOR SECONDARY SCHOOL





e-mail: bethany\_cpushpa@yahoo.com, www.cherupushpabethany.edu.in

1	N	$\sim$	•

## APPLICATION FOR ADMISSION

Admi Std I	ssion req - IX	uired	l for										
* Plea	ase use ca	pital	lette	rs on	ly								
INFORMATION ABOUT THE CHILD													
First N	First Name				M	Middle Name					Last Name		
		1											
Gende	er	Dat	e of	Birth		D					e of Birth in words		
M	FM	D	D	M	M	Y	Y	Y	Y				
Blood Group:													
Aadha	ar Numbe	r:			1								
Religion:				Ca	Caste:					Nationality:			
Community: SC/ST, OBC, GEN, OTHERS:													
PERMANENT ADDRESS								RESIDENTIAL ADDRESS					
Father's Mobile No: Mother's Mobile No:							0:						
E-mail ID.:							]	E-mail ID.:					
Distance from school (in km): Preferred Phone Number for school SMS:													
Emergency Contact No. (Res/Mobile) Nan					lame	ne of the person to be contacted Relationship							

## FAMILY INFORMATION - Father/Guardian:

Name:			Age:	Age: Nationality:			
Educational Qualification:		Institution:					
Occupation:			Office Address:				
Designation:			_				
Annual Income:			Tel:				
Aadhar Number:							
Mother/Guardian							
Name:			Age: Nationality:				
Educational Qualification:			Institution:				
Occupation:			Office Address:				
Designation:							
Annual Income:			Tel:				
Aadhar Number:							
Details of Brothers / S	Sisters of th	e student					
Name	Age	Name of the In	stitution		Standard		
ENCLOSURES (All do	cuments are	e mandatory at the ti	ime of admission)	)			
Birth Certificate							
Vaccination Card Co	рру						
Blood Group Report							
Passport size photos	of child (5	copies)					
Aaadhar card copy							
Any medication tal (hypo/hyper)/any oth Medication, if any ta	er conditi	ion:		ch as attenti	on deficit / thyroid		
Allergy / medical inf				vare of:			

Reason for transfer:	
Achievements if any (attach	the copy of credentials):
Most favourite Subject:	
DECLARATION	
I,	have the authority to admit my child /ward
	, into the school as the parent/ legal
guardian. I undertake the	e responsibility of providing evidence needed to support the
information provided here, i	if necessary for any reason. I declare that the statements provided in
this application are correct	to my knowledge and if found otherwise, I shall abide by the
decision of the management	t. I agree to abide by the rules, regulations and the fee structure of
the school.	
Date:	Signature of Parent / Guardian

## For office use only

Date of Admission:

Admission Number:

Remarks: Principal

Standard to which admitted: