



Estd.1979

CHERUPUSHPA BETHANY SENIOR SECONDARY SCHOOL

P.B. No. 1, Chunakkara P.O., Alappuzha (Dist.), Kerala - 690 534
(Affiliated to C.B.S.E., New Delhi. No. 930132, School Code No. 75147)

Phone: 0479 - 2378081, 2378730 (Off.)

e-mail: bethany_cpushpa@yahoo.com, www.cherupushpabethany.edu.in



No:

APPLICATION FOR ADMISSION

Admission required for Std I - IX	
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* Please use capital letters only

INFORMATION ABOUT THE CHILD

First Name		Middle Name				Last Name							
Gender		Date of Birth				Date of Birth in words							
M	FM	D	D	M	M	Y	Y	Y	Y				

Blood Group:

Aadhar Number:			
Religion:	Caste:	Nationality:	

Community: SC/ST, OBC, GEN, OTHERS:

PERMANENT ADDRESS

RESIDENTIAL ADDRESS

Father's Mobile No:	Mother's Mobile No:
E-mail ID.:	E-mail ID.:

Distance from school (in km):

Preferred Phone Number for school SMS:

Emergency Contact No. (Res/Mobile)	Name of the person to be contacted	Relationship

FAMILY INFORMATION - Father/Guardian:

Name:	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 / Sisters of the student

Name	Age	Name of the Institution	Standard

ENCLOSURES (All documents are mandatory at the time of admission)

Birth Certificate	
Vaccination Card Copy	
Blood Group Report	
Passport size photos of child (5 copies)	
Aadhar card copy	

Any medication taken for any medical conditions, Such as attention deficit / thyroid (hypo/hyper)/any other condition:

Medication, if any taken for general well-being:

Allergy / medical information if any that school should be aware of:

School Last Attended:

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 responsibility of providing evidence needed to support the information provided here, 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. 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: