ST.PETER'S SENIOR SECONDARY SCHOOL, KADAYIRUPPU

REGISTRATION FOR ADMISSION TO CLASSES 1-9

Please fill each field in BLOCK letters. Application shall be rejected by default if all the fields are not duly filled.

1. Name of Pupil* : ……

2. Male/Female* : ……

3. Class in which presently studying* : ……

4. Class to which admission is required* : ……

5. Date of Birth * : ……

6. Name of the present School* : ……

7. **DETAILS OF FATHER**

   a) Name* : ……

   b) Occupation* : ……

   c) Educational Qualification* : ……

   d) Residential Address.* : ……

   : ……

   e) Tel. No and E-mail id* …….....

   e) Office address with Tel. No.* : ……

8. **DETAILS OF MOTHER**

   a) Name* : ……

   b) Educational Qualification & Occupation* : ……

   c) Phone number & Email id.* : ……

9. Reference if any : ……

Place : ……..…….

Date : Name & signature of the Parent/Guardian

Note: Registration for admission is not an assurance of admission. Admission depends on the availability of vacancies in each class.

FOR OFFICE USE

PRINCIPAL