



ST.PETER'S SENIOR SECONDARY SCHOOL, KADAYIRUPPU

REGISTRATION FORM FOR ADMISSION TO KINDERGARTEN

Please fill each field in **BLOCK** letters.

1. Name of Pupil* :
2. Male/Female* :
3. Religion and Caste* :
4. Date of Birth * :
5. Class to which admission is sought* :
6. **DETAILS OF FATHER**
 - a) Name* :
 - b) Occupation* :
 - c) Educational Qualification* :
 - d) Residential Address* :
 - Pincode.* :
 - e) Tel. No and E-mail id* :
 - f) Office address with Tel. No.* :
7. **DETAILS OF MOTHER**
 - a) Name* :
 - b) Educational Qualification & Occupation* :
 - c) Office Address with Tel. No.* :
8. Address to which communication should be sent* :
9. Alumni Association Membership id (for the alumni of the school) :
10. Whether the applicant's brother or sister is studying in the school : Name Class
 1.
 2.
11. Transaction id (registration fee paid) :

Name & signature of the Parent/Guardian

Place :
Date :

FOR OFFICE USE

*fields are mandatory

PRINCIPAL