



KAMALA NIKETAN MONTESSORI SCHOOL (CBSE)

CBSE Affiliation Code: 1930169

An ISO 9001 : 2008 Certified Institution



Passport
Size Colour
Photo

6, Maris Avenue, Collector's Office Road, Trichy - 620 001, Ph: 2467254, 2462052

REGISTRATION FORM FOR ADMISSION TO Std. I To Std. IX FOR THE ACADEMIC YEAR 201 - 201

APP. NO

AD. NO.

1. Name (in Block Letters) Class

2. Gender : Male Female 3. Date of Birth

DATE	

MONTH	

YEAR		

4. Blood Group

5. Personal Marks of Identification 1.
2.

6. Mother Tongue of the Pupil

7. Nationality

8. Religion

9. Community SC/ ST / BC / MBC / FC Caste (specify)

10. Particulars of the Father / Guardian
a) Name b) Qualification
c) Occupation : Govt/PSUs/Private/Business(if Business specify)
d) Designation e) Monthly Income
f) Office Address

11. Particulars of the Mother
a) Name b) Qualification
c) Occupation : Govt/PSUs/Private/Business(if Business specify)
d) Designation e) Monthly Income
f) Office Address

12. Address for Communication
.....
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Phone No. Resi. Office (With STD code)
Mobile : Father Mother
e-Mail ID :

13. Name of the school last attended

14. II Language studied in the previous school

15. Class to which admission is sought

16. Languages proposed to be taken (Tick your option)

a) 2nd Language : Tamil / Hindi

b) (From std. VI onwards) 3rd Language : Tamil / Hindi / Sanskrit

(Languages once chosen as 2nd, 3rd language cannot be changed in future)

17. Whether produced i) Transfer Certificate Yes No ii) Original Birth Certificate Yes No

18. Extra Curricular Activity (ECA) Vocal Music Classical Dance Karate
(Tick your option) Key Board Western Dance Yoga
(ECA once chosen cannot be changed for 3 years)

19. Brothers/Sisters Studying in this School Name & Std. / Sec.

1. 2.

20. Whether vaccination for Small-pox given?

DECLARATION OF PARENT / GUARDIAN

1. I hereby declare that all the particulars furnished above are correct and assure that I will not make any request for change of the given particulars at a later date.
2. I agree to pay the I,II & III Term fees between 1st & 15th of April, 1st & 15th of August and 1st & 15th of December respectively.
3. I agree to pay the penalty that is in force for late payment of fees.
4. I agree that my child's name may be struck off from the rolls, if fees is not paid within 30th April, 30th of August and 30th of December for the I, II & III Term respectively.
5. I agree to pay the fees for II and III term fully in case of withdrawal during the academic year.
6. I assure that I will not encourage or engage in activities that tarnishes the image of the School.
7. I promise to abide by the rules and regulations of the school.

FEES ONCE PAID WILL NOT BE REFUNDED.

Signature of the Parent / Guardian

Correspondent / Principal

For Office Use

Name :

Date of Receipt of duly filled Application :

Date of Interaction :

Date of Payment of Fees :

Feedback :

Admitted to :2016 / 17

6 cm x 4 cm
Family Photo

Signature