

Application Form

KANNAMMAL INTERNATIONAL SCHOOL – CBSE

#47A, MILLERS ROAD, ARNI – 632 301

Ph.04173 – 229975, 6374911281, 9025038610

e-mail : kannammalschool@gmail.com

Registration Form for the academic year										
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(For Office use)

Registration Form No.		Date of Issue							
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ALL FIELDS ARE MANDATORY

PERSONAL DETAILS

WRITE IN BLOCK LETTERS

Initial / Surname

Name of the Student

Date of Birth

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Gender

M	F
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Native place

Residential Area

Nationality

State

Mother Tongue

Caste

Religion

Community (for statistical purpose only)

Blood Group :

Height (in cms) :

Weight (in kgs) :

Identification Mark 1

Identification Mark 2

Vaccinated and, if so when ?

a) Second Language

b) Third Language

Physical fitness (handicap if any)

Yes

No

Medicines allergic to the Child

PREVIOUS SCHOOL DETAILS

Board of Study :

Medium of Study :

School Name :

Year of Passing

EMIS No.

Aadhar No.

Address

INFORMATION RELATED TO THE PARENTS

Particulars	Father	Mother
Educational Qualification		
Occupation	<input type="checkbox"/> Salaried <input type="checkbox"/> Self employed <input type="checkbox"/> Others	<input type="checkbox"/> Salaried <input type="checkbox"/> Self employed <input type="checkbox"/> Others
Type	<input type="checkbox"/> Govt. <input type="checkbox"/> Private <input type="checkbox"/> Others	<input type="checkbox"/> Govt. <input type="checkbox"/> Private <input type="checkbox"/> Others
Annual Income (in Rs.)		
Office Name & Address		

Office Landline Number		
Mobile Number		
ID		

Address for Communication

Phone		Mobile	

Permanent Address

Phone		Mobile	

1. Child is residing with : a) Parent b) Guardian
Family Resides in : a) Own House b) Rented House
2. Computer availability with internet access at home : Yes No
3. Transport : a) School Vehicle b) Own Transport
- Distance of residence from School (in kms) : a) 1-2 kms b) 2-3 kms c) 3-4 kms
 d) 4-5 kms e) 5 & above

Residence :

If own Transport mention the name of the person who will accompany with.

Name & Phone number : _____

4. Sibling (s) already studying in this school : Yes NO

If yes

Brother / Sister Name Class & Sec

Brother / Sister Name Class & Sec

5. Whether Parent is an employee of ACS Group of Institutions : Yes NO

If Yes

Parent's Name :

Name of the Organisation :

Designation :

Place of Location :

6. Mode of Enquiry

- a. Website b. Newspaper c. Friends & Relatives d. Hoardings
 e. Leaflets f. Mailer g. Sms h. others.....

I declare that the details furnished above are true and correct. I understand that any misrepresentation / False / Incorrect information provided by me (us) will lead to cancellation of my wards admission.

Signature of Parents /

Guardian

Place :Date :

Name :

Original Certificates to be submitted :

- | | | | | |
|---------------------------|-----|--------------------------|----|--------------------------|
| 1. Birth Certificate | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Transfer Certificate | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Community Certificate. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

- Note : Photo copies of 1) Aadhar Card
2) Passport size photos - 3 nos.
3) Stamp size Photos – 3 Nos.

CARRIERS

- Apply Here

- ❖ Name : _____
- ❖ Father Name : _____
- ❖ Date Of Birth : _____
- ❖ Nationality : _____
- ❖ Caste & Religion : _____
- ❖ Subject : _____
- ❖ Education Qualification : _____
- ❖ Additional Qualification : _____
- ❖ Experience : _____