To,
The Principal
CAMBRIDGE INNOVATIVE SCHOOL
MUGALUR, Chikka Thirupathi Main Road,
N.H. 207, Kugur (Post) Sarjapura Hobli,
Anekal Taluk, Bangalore - 562 125.

Admn. No.	Regn. No.	Stamp Size Photo
	Date	

Frame your identity

Application Form For Registration/Admission

Please admit/register my son/daughter/ward in class_____of your school for the year 20_____to 20_____

1. Name (in Black Letters)

2. Date of Birth | Place of Birth | Mother Tongue

3. Religion | Whether member of Scheduled Caste or Tribe (if yes, attach proof)

4. **Details of Father**

Name _____

Age_____Date of Birth_____Qualification_____

Occupation _____

Designation _____

Approx Annual Income Rs. _____

Complete Address of Place of work

_____

_____

_____

Phone_____Fax_____

5. **Details of Mother**

Name _____

Age_____Date of Birth_____Qualification_____

Occupation _____

Designation _____

Approx Annual Income Rs. _____

Complete Address of Place of work

_____

_____

_____

Phone_____Fax_____

6. Residential Address _____

_____

7. Last School Attended _____

Class_____Percentage of Marks/Grade_____

8. Details of Child's Brothers & Sisters | Name | Age | Education, Including name of Present School

_____

_____

_____

9. 2nd Language (Standard 1st to 10th) Hindi / Kannada _____

10. 3nd Language (Standard 6st to 8th Standard) Kannada / Hindi / Sanskrit _____

I certify that the above particulars given by me are true and I agree to abide by the rules of the school.

Date :

_____
Parent/Guardian

FOR OFFICE USE ONLY

Admitted in Class_____Div_____On_____

_____
PRINCIPAL