

# CHRIST NAGAR SCHOOL

Chavara Gardens,  
Jakanahalli, Kavanapura P O,  
Ramanagara-560138  
Email:christnagars@gmail.com  
Contact: 9880109515, 9886508111, 9113607321

Please paste  
recent colour  
Photograph of  
the Child

## REGISTRATION FORM

Name of the child: ..... Male  Female

(IN BLOCK LETTERS)

Date of Birth (dd/mm/yy): .....

Aadhar Number: .....

Class to which Admission is sought: ..... Age as on 31st May 20.. : .....

Nationality: ..... Mother Tongue: .....

Religion: .....

Whether school conveyance required: Yes  No

Residential Address: PLEASE GIVE COMPLETE POSTAL ADDRESS IN BLOCK LETTERS

.....

..... Pin Code .....

Distance from school (in Kms):

	FATHER	MOTHER
Name		
Qualification		
Occupation		
Designation		
Office Address		
Phone Number		
Mobile Number		
E-mail (in block letters only)		
Aadhar Number		

### DECLARATION

I hereby certify that the information provided by me is correct and I understand that if the information is found to be false, the ward shall be automatically debarred from the admission process without any correspondence in this regard. I understand that the application does not guarantee admission to my ward. I accept the process of admission undertaken by the school and we will abide by the decision taken by the school authorities.

Date: .....

Place: .....

Parent's/Guardian's Signature

Previous School's Information (not Applicable for Pre-KG):.....

Submitted Transfer certificate: Yes No

Please attach the following: a) Photocopy of Birth certificate issued by municipal corporation b)3 Passport size color photographs (latest)

### For Office Use only

Reg. No:

Receipt No: 001

Date: