



COCHIN PUBLIC SCHOOL

(AFFILIATED TO C B S E, NEW DELHI No. 930158)

Thrikkakara, Cochin - 682 021

Tel: 2575198, 2575086

No. **A 888**

REGISTRATION FORM FOR ADMISSION TO COCHIN PUBLIC SCHOOL

NAME OF PUPIL (IN CAPITAL LETTERS)			
SEX	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	
DATE OF BIRTH (IN FIGURES & WORDS)			
AGE (As on 1st June 20....)	YEARS	MONTHS	
ADMISSION SOUGHT FOR	CLASS:		
NAME OF FATHER & Educational qualifications			
OCCUPATION			
OFFICE ADDRESS & TEL/CELL PHONE No.	TEL:	MOBILE:	
NAME OF MOTHER & Educational qualifications			
OCCUPATION			
OFFICE ADDRESS & TEL/CELL PHONE No.	TEL:	MOBILE:	
LOCAL RESIDENTIAL ADDRESS & TEL/CELL PHONE No. OF THE PUPIL	TEL:	MOBILE:	
NAME OF GUARDIAN (If parents are out of station)			
OFFICE ADDRESS & TEL/CELL PHONE No.	TEL:	MOBILE:	
DETAILS OF EARLIER SCHOOLING			
CASTE & RELIGION (WHETHER BELONGS TO SC or OBC)			
MOTHER TONGUE OF THE STUDENT			
No. OF DIRECT BROTHER/SISTER	BROTHERS	SISTERS	
IS ANY DIRECT BROTHER/SISTER STUDYING IN COCHIN PUBLIC SCHOOL	YES <input type="checkbox"/>	IF YES, NAME	CLASS:
	NO <input type="checkbox"/>	1. _____	_____
WHETHER SCHOOL BUS FACILITY REQUIRED ?	IF YES, NAME	CLASS:	
	2. _____	_____	
YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, *BOARDING POINT	

I, understand that the selection shall be at the discretion of the Management and the decision of the selection committee is binding on me. On admission of my child to Class I agree to abide by the rules and regulations prevailing in the school.

Place :
Date :

Name & Signature of Parent/Guardian

*to be selected from the list available at School.

Date of Admission	Principal's Signature	Admission No.
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