



LITTLE SCHOLARS KINDER GARTEN COCHIN PUBLIC SCHOOL

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

Thrikkakara, Kochi - 682 021

Tel: 0484 2575198, 2575086, 2576955

No.

REGISTRATION FORM FOR ADMISSION TO KINDERGARTEN

NAME OF PUPIL (IN CAPITAL LETTERS)			
SEX	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	
DATE OF BIRTH			
AGE	YEARS	MONTHS	
ADMISSION SOUGHT FOR	LKG <input type="checkbox"/>	UKG <input type="checkbox"/>	
NAME OF FATHER & Educational Qualifications			
PERMANENT RESIDENTIAL ADDRESS	Tel: _____ Mob: _____		
OCCUPATION			
OFFICE ADDRESS & TEL / CELL PHONE No.	Tel: _____ Mob: _____		
NAME OF MOTHER & Educational Qualifications			
OCCUPATION			
OFFICE ADDRESS & TEL / CELL PHONE No.	Tel: _____ Mob: _____		
LOCAL RESIDENTIAL ADDRESS & TEL / CELL PHONE No. OF THE PUPIL	Tel: _____ Mob: _____		
NAME OF GUARDIAN (If parents are out of station)			
OFFICE ADDRESS & TEL / CELL PHONE No.	Tel: _____ Mob: _____		
CASTE & RELIGION (Whether belongs to SC/ST or OBC)			
MOTHER TONGUE			
IS ANY SIBLING STUDYING IN COCHIN PUBLIC SCHOOL	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, NAME	1. _____ CLASS : _____ 2. _____ CLASS : _____
IS ANY SIBLING APPLYING FOR ADMISSION IN THIS YEAR	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, NAME	1. _____ CLASS : _____ 2. _____ CLASS : _____
WHETHER SCHOOL BUS FACILITY REQUIRED?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES * BOARDING POINT	

I, Father / Mother of
certify that the details given above are correct to the best of my knowledge. If selected, I agree to abide by the rules and regulations prevailing in the school.

Place :

Date :

Name & Signature of Parent/ Guardian

Date of Admission

Principal's Signature

Admission No.