



Holy Cross School
Malleshpalya | New Thippasandra
Since 1982

☎ 08025216601 / 02 / 9738022033



enquiry@holycrossschool.in



www.holycrossschool.in

ADMISSION FORM

Academic Year :

Admission No.:

Branch: Malleshpalya / New Thippasandra

Class / Grade :

Student Name :

Gender: Male / Female

Date of Birth:
DATE MONTH YEAR

Age : Place of Birth :

Nationality : Mother Tongue : Religion :

Caste : Sub-caste : Category :

Aadhaar No. BPL: Yes / No BPL No. :

Residential Address :

..... Contact No.: /

	Father	Mother
Name		
Occupation & Designation		
Company Name & Address		
Annual Income		
Email ID		
Mobile No.		
Aadhaar No.		

Sibling's Name	Date of Birth	Gender	Class	School Name
		<input type="checkbox"/> Male <input type="checkbox"/> Female		
		<input type="checkbox"/> Male <input type="checkbox"/> Female		

Name of previous school : DISE No.:

Last Class / Grade : Pass Fail Medium :

Recognized by Govt. of India : Yes No Syllabus : State CBSE ICSE

Reason for change of school :

Health Problems, if any :

Achievements, if any :

Declaration:

I, the Parent / Guardian declare I have authority to admit
..... in the school. I undertake to inform the school of any change
in the information furnished, in future. I also agree to abide by the rules / regulations and fees
schedule of the school.

Signature :

Important Enclosures:

- | | |
|----------------------------------|-------------------------------------|
| a) Copy of Birth Certificate | c) Last Class / Grade Progress Card |
| b) Original Transfer Certificate | d) 2 Passport Size Photographs |

N.B.: Withheld / false information may lead to forfeiture of admission

For Internal Use Only:

Principal's Signature : H.M. Signature :