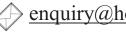
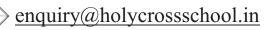


Holy Cross School Malleshpalya | New Thippasandra Since 1982

% 08025216601 / 02 / 9738022033







www.holycrossschool.in

ADMISSION FORM

Academic Year:		Admission No.:		
Branch: Malleshpalya /	Class / Grade :			
Student Name :		Gender: Male / Female		
Date of Birth: DATE MONTH Y		Place of Birth:		
Nationality: Mo	other Tongue :	Religion:		
Caste: Su	ıb-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		
		Male Female				
		Male Female				
Name of previous school : DISE No.:						
Last Class / Grade :						
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 Certif b) Original Transfer Co		c) Last Classd) 2 Passport		•		
N.B.: Withheld / false information may lead to forfeiture of admission						
For Internal Use Only:						
Principal's Signature :		H.M. Signature :				