



Hagia Sophia Public School

Affiliated to CBSE – No. 930843

Mattakuzhi, Puthencruz, Pin – 682 038, Ph: 0484 – 2734300

REGISTRATION FORM FOR ADMISSION

1. Name of Pupil :
2. Male / Female :
3. Religion and Caste :
4. Date of Birth :
5. Class to which admission is sought :
6. Class in which currently studying :
7. DETAILS OF FATHER
 - a) Name :
 - b) Occupation :
 - c) Educational Qualification :
 - d) Residential Address with Tel.No :
 - e) Office Address with Tel.No :
8. DETAILS OF MOTHER
 - a) Name :
 - b) Occupation :
 - c) Residential Address with Tel.No :
 - d) Office Address with Tel. No :
9. DETAILS OF LOCAL GUARDIAN
 - a) Name :
 - b) Occupation :
 - c) Residential Address with Tel.No :
 - d) Office Address with Tel. No :
10. Address to which communication should be sent :
11. Whether the applicant's brother or sister is a student of the School :

	<u>Name</u>	<u>Class</u>
1.
2.
12. Bus No. and Stop :

Place :
Date :

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Signature of Parent / Guardian
Name :

FOR OFFICE USE

Principal