ADMISSION FORM





Class				
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Remarks/ Order Of Director/ Principal

Cambridge International School Kariha, Banga-Nawanshahr road, S.B.S. NAGAR (Pb)-144508

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TIL	LEN	T ID			

	Ph.: 82838208	55, 8283820955 E-mail : cisn2	013@gmail.com
Date of Application	Reg. No	Date of Adm	nAdm. No
Student Name (IN BLOCK LETTE	ERS)		Gender
Date of Birth: (in figure)		(in words)	
Nationality:		Religion	
Category: SC BC	ST OBC	GEN Adhaar Ca	ard
Father's Name		Quali	Occupation
Mother's Name		Quali	Occupation
Mother's Contact		Father's Cont	act
Email Address:			
Residential Address:			
Permanenet Address:			
Emergency Contact Person:		Tei N	lo
Previous School Detail:			
Name and Address of the Sc	hool	Class Studied	Reason for Leaving
Brother/sister if studying in	the Same Branch o	f Cambridge School :	J
Name			Class
Transport Facility Required:	Yes/no	Any Land Mark	
Condition:			
School transport fee is fixed	. One way travel fac	ility may be considered	but on full fee. Transport facility are available
only from designated bus sto	ops if there is space	available in a particular	route. Parents wishing to withdraw their
children from school transpo	rt arrangement mu	st fill in a discontinuatio	on form a month in advance.
Child history of Illness:			
Please Specify Health Inform	nation , If Any		
DECLARATION			
1. l <u>,</u>		Parent/Guardian of	
			at i have fully understood the rules &
regulation of the school and	shall abide by these	e, it will be my responsib	ility to see that my daughter/ward cooperates
and accepts the decision of	the principal/schoo	l management.	
2. I shall ensure that the sch	ool fees are paid in	time.	
3. I understand that admissi within a week	on process will be o	omplete only after the r	equisite documents are submitted by me
4. School can ammend any p	oolicy when required	ı	
	•		Signature Of Parent/Guardian

SIGNATURE_