

CELESTIAL KIDS WORLD

MUPPATHADAM, ALUVA - 683110

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Photo

APPLICATION FOR ADMISSION TO PLAY/LKG/UKG

1.	Full Name of the Pupil (CAPITAL LETTERS):					
2.	Expansion of initials	:					
3.	Sex	:	Male Female				
4.	Age	:	Yea	ars	Mont	h	
5.	Date of Birth (as given in the birth certificate)	:	Date	Month		Year	
	In Words	:	School transport facility marked				
6.	Religion & Caste	:					
7.	Nationality	oji.					
8.	Name of the Father	u tu	1,314				
9.	Occupation	•					
			Phone (Office)				
10.	Name of Mother	:					
		:	Phone				
11.	Occupation	:					

12. Name of Brothers/Sisters Studying in the school	:					
a) Class, Division	AUAH AUGUM					
	· · · · · · · · · · · · · · · · · · ·					
14. Local Address for communication						
	Pin code					
	Phone (Resi)					
15. Permanent Address						
	•••••••••••••••••••••••••••••••••••••••					
. Cate Viouth Year	Pin code					
16. School transport facility needed :	Yes No bow at					
17. If yes- nearest boarding point :						
Place: Signat	ture of the Father:					
Date: Signat	ture of the Mother:					
For Office U	se Only					
Verified the copy of the birth c	ertificate against Original					
Name, Designation, date and signature of the perso	n verified the document					
1. Class to which admitted :						
2. Admision Number :						
3. Date of Admission :						
Signature of the Headmistress:	i Cataquos i					