



KENBRIDGE SCHOOL

INTEGRITY | COMPASSION | COMMITMENT

Affiliated to CBSE, New Delhi. Ph : 0462 - 2300033
368/1, Arunachala Meadows, Sankar Nagar, Tirunelveli - 627 357

ADMISSION APPLICATION FORM

Application No	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Class applied for	<input type="text"/>
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Students name	First <input type="text"/>
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Middle	<input type="text"/>	Last	<input type="text"/>
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Affix Photo

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Age as on 30th April of the academic year in which he/she is admitted	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Place of Birth	Town / City <input type="text"/>
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District	<input type="text"/>	State	<input type="text"/>
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Nationality	<input type="text"/>	Blood Group	<input type="text"/>
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Inclusion of identification marks	<input type="text"/>
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Current academic information	Class <input type="text"/>	School <input type="text"/>	Location <input type="text"/>
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Language preference	Second <input type="text"/>	Third <input type="text"/>
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Religion <small>(This information is required as data collection purely for statistical purposes)</small>	<input type="text"/>	SC /ST/OBC if yes enclose certificate <input type="checkbox"/>
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Aadhar No.	<input type="text"/>
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Parent's Detail	Father	Mother	Guardian (if any)
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>	<input type="text"/>
Academic Qualifications	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Designation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Organisation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Office / Business Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual Income	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone No(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile No(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>	<input type="text"/>	<input type="text"/>

Sibling Information	Name	<input type="text"/>	Class	<input type="text"/>	School	<input type="text"/>
	Name	<input type="text"/>	Class	<input type="text"/>	School	<input type="text"/>
	Name	<input type="text"/>	Class	<input type="text"/>	School	<input type="text"/>

Sports Played

EMIS

Choice of vocation

Awards / Scholarships (if any)

If School Transport is required

Yes

No

If the child is suffering from any physical ailments / allergy

Yes

No

If yes Please specify

INFORMATION

Kindly note that due to limited number of seats, It will not be possible to admit all application made here does not, In any way, ontile the applicant to be admitted to the school.

Short-listed candidates will be informed by e-mail/ Phone / post.

Limited transport facilities are available on specific routes. Admission therefore, will not automatically ensure a seat in the school bus.

Should any parent withdraw the child from the school, All dues are to be paid in full.

INSTRUCTIONS

Please submit the following along with the form

8 Passport size photographs of the child

A photocopy of the Birth Certificate issued by the Munciple Corporation /Civic Authorities.

A photocopy of the latest progress report card (if applicable)

Transfer Certificate form previous school (if applicable)

SC/ST/OBC certificate from competent authority if applicable

CERTIFICATE FROM PARENTS

I hereby certify that to the best of my knowledge, the Information given above is correct. I fully understand that the school on accepting the application form of my ward is not in any way,obliged to grantadmission. I also agree that the decision of the principal regarding admission will be final and binding on me

Date

Signature of Mother

Signature of Father

FOR OFFICE USE ONLY

The pupil is admitted/Not admitted/ Wait listed

Fees paid (inwords) Rupees

Rs.

Receipt Number :

Date: ___/___/_____

Principal

Admin Manager

Accountant

S.NO.368/1, Arunachala Meadows, Naranammalpuram,Sankarnagar (P.O), Tirunelveli -627357. Phone :0462-2300033