

SL.NO.

ADMIN.NO.

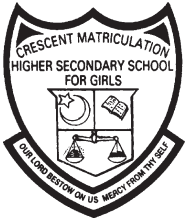
CRESCENT MATRICULATION HIGHER SECONDARY SCHOOL (FOR GIRLS)

(SPONSORED BY THE SEETHAKATHI TRUST) "BUHARI AALIM CENTRE"

24, Pycrofts Garden Road, Nungambakkam, Chennai – 600 006, Ph no: 2827 4616

E-mail: crescentgirls@airtelmail.in E-mail: crescentngm76@gmail.in

Website: www.crescentgirlsschool.org



APPLICATION FOR CLASSES "L.K.G. – X"

To be filled in by the Parent or Guardian

Photo

1. Name of Pupil
(IN BLOCK LETTERS)
2. Sex : Male / Female.....Blood Group.....
3. Date of Birth.....Mother Tongue.....
4. State & District to which the pupil belongs
5. NationalityNative place.....
6. Religion.....Community / Caste the pupil belongs to BC, MBC, ST/SC
7. Whether living with Parent or Guardian.....
8. Name of the Father..... Mother.....
Qualification Father..... Mother.....
Occupation Father..... Mother.....
Annual Income : Father..... Mother.....
Telephone No : Father..... Mother.....
Residential Address.....
.....
9. School and Class in which the pupil last studied.....
10. Date of admission to that class.....Whether granted promotion.....
11. Class into which admission is sought.....
12. Second Language: Tamil Hindi Arabic French
13. Whether protected from small pox Yes / No
14. Old Admission No: in case of Re-admission.....
15. Has the applicant any other brother or sister in the school.....
(Give Name and Standard)
16. Whether school bus required.....

The following document must be attached to the application:

- | | |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| 1. Birth Certificate (Photocopy) | <u>FOREIGN CANDIDATES / OTHER BOARD CANDIDATES</u> |
| 2. Transfer Certificate | (Besides the certificates mentioned)
T.C. attested by that State / Country Education Dept. |
| 3. Community Certificate | Passport Copy |
| 4. A copy of the last School Report | Student Visa |
| 5. Conduct Certificate | |
| 6. Fitness (Medical certificate from an authorized Medical Practitioner) | |

(I declare that the statement above is correct and also assure that I will not ask for a change in name or date of birth in the future).

Station :

Date :

Signature of Parent / Guardian

FOR OFFICE USE ONLY

Application received on.....

Admitted in Class.....

Interview card sent on.....

Fees paid on.....

Entrance Exam.....

CORRESPONDENT

PRINCIPAL