

BETHLAHEM HILLSIDE INTERNATIONAL SCHOOL

KARUNGAL, KANYAKUMARI DISTRICT – 629 157.

Please affix the Candidate's Photo

REGISTRATION FOR PROVISIONAL ADMISSION

Please affix the Please affix the Mother's Photo Sl. No. Father's Photo here here Date : APPLICANT'S INFORMATION First Name Middle Name Family Name Date of Birth Date Month Year Place of Birth Registration for Provisional Admission to Grade / Class Pre KG / LKG / & UKG 2. Mother tongue Caste: 3. Religion: 4. Father's / Guardian's Name Intermediate Graduation 5. Father's Qualification: Primary Schooling 6. Mother's Name.... Intermediate 7. Mother's Qualification: Primary Schooling Graduation 8. Foster Father's Name if any 9. Foster Father's Qualification : Primary Schooling Intermediate Graduation 10. Occupation of Father / Guardian: 11. Occupation of Mother: 12. Income of Parent / Guardian per month : 13. Blood Group: 14. Child Vaccination given: 15. Previous school attended if any 16. Any academic difficulty (e.g.) Dyslexia, Dyscalculia, Dysgraphia, Dyspraxia: Yes 17. If yes, specify 18. School Leaving Certificate and (or) Record Sheet is attached 26 and above

20. School Transport require	ed:		Yes	No
If yes, specify the board	ing point			
21. Any Siblings studying in	n this Institution :		Yes	No Class studying
22. Contact Details / Reside	ential Address:			
Parent / Guardian 1				
Full Name				
Telephone : (Home)		(Business)		(Mobile)
Home address				
Parent / Guardian 2				
Full Name				
Telephone : (Home)		(Business)		(Mobile)
Home address (if different)				
DECLARATION				
I understand and agree that the	registration of my wa	ard does not guara	ntee admission t	to the school and that the registration fee is neither
transferable nor refundable. This	s application must be	accompanied by ca	ash or demand d	lraft in favour of "the Principal, Bethlahem Hillside
International School" for a sun	n as per schedule and	d a Xerox copy of	the birth certif	ficate of the candidate, as issued by the village or
municipal authorities, or by head	d of the registered nu	rsing home, or by t	he medical prac	etitioner who assisted the delivery of the child (with
his / her medical council registra	ation number). We ur	ndersigned hereby	verify that above	e information is correct. We also agree to be bound
by the Terms and Conditions of	Enrolment and Admi	ssion.		
Signature				
Name				
Relationship to Student				
Date	Place			
		FOR OFFICE U	JSE ONLY	
Application received on:		Receipt No .		Date
Date of review:				
Name of Candidate:				
Name of Guardian:				
Eligible to be admitted:	Yes	No		
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Head of School / Principal				Admission Council