



# CRESCENT PUBLIC SCHOOL

CBSE AFFILIATION No. 930409  
NH Bypass Road, Chalakudy - 680 307  
☎ PABX . 0480 - 2701217, Principal : 3260401, Office : 3295886  
2709769-24 hrs. Fax : 0480-2706222  
E-mail : crescent\_ckdy@rediffmail.com  
E-mail : crescent\_ckdy@rediffmail.com, Web : www.crescentpubschool.org

Photo

## APPLICATION FORM (FOR STD. VII TO X)

Name of the child in block letters As per Birth Certificate	
Standard to which admission is sought	
Name of father	
Postal Address	
Father's Occupation and Occupational Address	
Educational qualifications of the father	
e-mail address if any	
Phone Nos.	Residence :                      Office : Mobile :
Name of Mother	
Mother's Occupation and Occupational address	
Educational qualifications of the mother	
Date of birth of child (in figures) (enclose original copy of birth certificate)	
Date of birth of child (in words)	
Age in completed years as on 01.06.20	
Sex	

Religion and Caste		
Name of the School and No. and date of transfer certificate, if coming from another school		
Conduct Certificate from Head of Previous School	To be attached	
Name and address with Ph. No. of two reputed persons for reference	1.	Ph :
	2.	Ph :
Monthly income of the family		
Name & Class of brothers/sisters studying in the school	1.	
	2.	
Field in which you can assist the School (Literary Music, Dance, Embroidery, Painting Flower Making, others (Specify))		
Do you wish the School to make Transport arrangement ?		
Identification marks of the student		

### Declaration of the parent

I.....(give name) hereby declare that the above given particulars about my son/daughter / ward are true and correct and I shall make no request at any time in future for any change in his/her date of birth. I have enclosed original copy of his/her birth / transfer certificate. I also declare that I and my son / daughter / ward will abide by the Rules & Regulations of the School in all respects. Once admission is granted to the child by the School, on no account shall request for any refund. In case I have to withdraw the child during the academic year, I agree to pay the full year's fees to the school

Signature

Date :

Name

FOR OFFICE USE ONLY

Admission No.

Class

Date

Signature of the Principal