

Chandigarh Baptist School

Senior Secondary

Affiliated to CBSE

Co-ed. English Medium High School

Sector 45-D, Chandigarh 160047 Ph. 0172-2602234, 2645646

Admission Form

1. Full Name of the Pupil	FIRST NAME	<input type="text"/>																				
	SURNAME	<input type="text"/>																				
2. Sex	MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>																		
	3. Date of Birth				DAY (in words)	<input type="text"/>																
				MONTH (in words)	<input type="text"/>																	
				YEAR	<input type="text"/>			CURRENT AGE	<input type="text"/>		years											
4. Religion	HINDU	<input type="checkbox"/>	CHRISTIAN	<input type="checkbox"/>																		
	MUSLIM	<input type="checkbox"/>	CATHOLIC CHRISTIAN	<input type="checkbox"/>																		
	SIKH	<input type="checkbox"/>	OTHER:	<input type="text"/>																		
5. Caste	ST	<input type="checkbox"/>	SC	<input type="checkbox"/>	BC	<input type="checkbox"/>	NA	<input type="checkbox"/>														
	6. Class in which admission is sought									PRE-NURSERY	<input type="checkbox"/>	I	<input type="checkbox"/>	IV	<input type="checkbox"/>	VII	<input type="checkbox"/>	X	<input type="checkbox"/>			
										NURSERY	<input type="checkbox"/>	II	<input type="checkbox"/>	V	<input type="checkbox"/>	VIII	<input type="checkbox"/>	XI	<input type="checkbox"/>			
										KINDERGARTEN	<input type="checkbox"/>	III	<input type="checkbox"/>	VI	<input type="checkbox"/>	IX	<input type="checkbox"/>	XII	<input type="checkbox"/>			
7. Home address	<input type="text"/>																					
	<input type="text"/>																					
	CITY	<input type="text"/>																				
8. Father's Information	FIRST NAME	<input type="text"/>																				
	SURNAME	<input type="text"/>																				
	AGE	<input type="text"/>		years																		
	QUALIFICATION	<input type="text"/>																				
	PROFESSION	<input type="text"/>																				

9. Mother's Information

FIRST NAME

SURNAME

AGE years

QUALIFICATION

PROFESSION

10. Transportation

SCHOOL BUS OWN ARRANGEMENT

IF BUS, SPECIFY PICK UP POINT

11. Emergency Contact

FIRST NAME

SURNAME

ADDRESS

PHONE

OTHER PHONE

DATE _____

SIGNATURE _____

RELATIONSHIP TO PUPIL _____

FOR OFFICE USE ONLY	
NAME OF PUPIL	_____
CLASS ADMITTED TO	_____
DATE OF ADMISSION	_____
ENROLLMENT NO.	_____
BUS NO. / ROUTE NO.	_____
STUDENT ID NO.	_____
SIGNATURE	_____
Admission Authority	_____