

MOUNT BETHANY PUBLIC SCHOOL Kumbazha, Pathanamthitta, Kerala, Ph: 0468-2232455, 2238697

REGISTRATION FORM

Name of the student (in Block letters)													
Sex (Male / Female)													
Std. to which admission is sought													
Date of Birth (in figures & words)													
Мо	ther	Tong	gue c	f the	stuc	dent							
Name of Parent / Guardian and his / her relation to the student													
Address of Parent / Guardian													
Oc	Occupation												
	Phone No.												
Sch	Schools previously attended with time in each Standard										Name of School	Date of Admin.	Reason for leaving
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DECLARATION I do hereby declare that the particulars given above are true to the best of my knowledge													y knowledge.
	Place: Date:										Name and signature (Parent or Guardian)		
									FOR	OF	FICE USE ONLY		
Date	of R	legis	trati	on									