



CAPITOL PUBLIC SCHOOL

CBSE

Affiliated to CBSE, New Delhi Reg. No. 830201



REGISTRATION FORM

Academic session : 20 - 20

Admission No : _____

Branches - J.P. Nagar 1 J.P. Nagar 2

Admission for Grade : _____

Hegdenagar Mysuru

DETAILS OF THE STUDENT

Name : _____
First Name Middle Name Last Name

Date of Birth (dd/mm/yyyy) : _____

Blood Group : _____ Gender : Male Female

Place of Birth : City _____ State _____ Country _____

Nationality : _____ Religion : _____

Mother Tongue : _____ Caste : SC BC MBC
ST OBC Others

Passport Number : _____ Place of issue : _____

Date of issue : _____ Validity Upto : _____

Current class in which the child is studying : _____

Institute last attended : _____

Reason for leaving the previous school : _____

LANGUAGES

2ND Language - KANNADA HINDI

3RD Language - KANNADA HINDI SANSKRIT
(grade V to VIII)

DETAILS OF THE PARENT

Name of the Father : _____

First Name Middle Name Last Name

Qualification : _____ Mobile : _____

Present Address : _____

Permanent Address : _____

Res No : _____

Company Name : _____ Designation : _____

Annual Income : _____ Office Address : _____

Office No : _____ Email Id : _____

Name of the Mother : _____

First Name Middle Name Last Name

Qualification : _____ Mobile : _____

Present Address : _____

Permanent Address : _____

Res No : _____

Company Name : _____ Designation : _____

Annual Income : _____ Office Address : _____

Office No : _____ Email Id : _____

Additional Members in the family :

Name	Sex	Date of Birth	Relationship with child

DETAILS OF SIBLINGS (if any)

Brother / Sister Name	Date of Birth	School Attending

List of academic achievements (if any) of your child : _____

List of Co-Scholastic achievements of your child : _____

Medical history : _____

Does your child have any health problems : Yes No

If yes : Please describe : _____

Does your child have any known allergies : Yes No

If yes : Please describe : _____

Are there any indications of hearing, speech or vision problems : Yes No

If yes : Please describe : _____

Does your child have any evidence of learning disability : Yes No

If yes : Please describe : _____

Does your child have any major illness : Yes No

If yes : Please describe : _____

TRANSPORT FACILITY

Do you want to avail school bus facility : Yes No

If yes, please fill in the transport application form

CONDITION

Incomplete forms will be rejected. Admission is granted against vacancies. An annual fee increase effective to offset the increasing expenditure by way of salary, maintenance and material expenditure etc.

DECLARATION

I certify that the information furnished above is complete and correct to the best of my knowledge. I fully abide by the norms of the School.

Signature of the mother

Signature of the Father

Mandatory Requisition of Documents

- 1. 5 Passport Size Photograph of the Applicant
- 2. Copy of Birth Certificate
- 3. Copy of Passport (for foreign nationals only)
- 4. School Leaving Certificate
- 5. School Performance Report

FOR OFFICIAL USE ONLY

Date of Admission : _____

Date : _____

Receipt No : _____

Amount Paid : _____

Mode of Payment :

Cheque Debit / Credit card

DD Bank transfer

Cheque / DD No : _____

Date : _____

Drawn on Bank : _____

Transaction Id : _____

Authorized Signatory

Checked and verified by : _____

Entered into the database by : _____

Director - Admissions

Principal