

Kytes Institutions

4/369 VSK Nagar, Ranjith Complex, K. Vadamadurai, Coimbatore - 641017 Tel No. +91 - 422-4981419 Mobile No. - 9788725000

Website: www.kytesinstitutions.com Email: kytesdaycare@gmail.com

Admn No:	
	Application for Admission

(To be filled at the time of admission)

	s to which admission is Date ght:	2:			
1.	Full Name of the pupil (Master/Miss):				
2.	Date of Birth:				
3.	Mother Tongue:				
4.	Father's Name:				
5.	Mother's Name:				
6.	Father's Occupation				
7.	Mother's Occupation:				
8.	A. Residential Address:				
	B. Office address (Father):				
	C. Office address (Mother):				
9.	Contact Number:				
10.	Emergency Contact Number:				
11.	Father's Income:Mother's				
12.	Class Last Studied:				
13.	School in which last studied:				
14.					
15.	Result of last examination (Pass/Fail):				

16.	Details of Transfer Certif	ficate, if Any:			
17.	7. Other Special talent/hobbies/areas of interest:				
	<u>DECLARAT</u>	TION BY PARENTS:			
	•	of birth of my Son / Dauglars are correct, and I would at any subsequent date.			
		(Signate	ure of Parent)		
	INSTRUCTIO	NS FROM PRINCIPAL			
Adm	nit Master / Miss:		in		
	s:				
			Principal		
	<u>OFFI</u>	CE REMARKS			
Adm	nit in class	and allotted section			
Due	s paid vide receipt No:	 Date:			
Offic	ce Seal				
Date	ed:	(Signature of Offi	ce Staff)		