

Peterian Kiddies World, Kadayiruppu

REGISTRATION FORM FOR ADMISSION

Please fill each field in BLOCK letters. Application shall be rejected by default if all the fields are not filled.

| 1. Name of Pupil* | : |
|--|---|
| 2. Male/Female* | : |
| 3. Religion and Caste* | : |
| 4. Date of Birth * | : |
| 5. DETAILS OF FATHER a) Name* | : |
| b) Occupation* | : |
| c) Educational Qualification* | : |
| d) Residential Address.* | : |
| | : |
| e) Tel. No and E-mail id* | |
| e) Office address with Tel. No.* 6. DETAILS OF MOTHER | : |
| a) Name* | : |
| b) Educational Qualification & Occupation* | : |
| c) Office Address with Tel. No.* | : |
| 7. Address to which communication should be sent* | : |
| 8. Whether the applicant's brother or sister is studying in St.Peter's School* | : |
| | 1 |
| 9. Reference id (admission fee paid)* | |
| | Name & signature of the Parent/Guardian |
| Place : Date : | |