



CHAVARA

CMI INTERNATIONAL ACADEMY-ICSE

(Affiliated to ICSE, New Delhi, No. KE14/2014)

Vazhakulam P.O., Muvattupuzha, Ernakulam Dist., Kerala, India - 686 670

Ph : 0485 2261233, 221402, 9656581717, Email : ciavazhakulam@gmail.com, www.chavarainternational.com

APPLICATION FOR REGISTRATION & ADMISSION

APPLN. No.	GRADE APPLIED FOR			DATE
NAME OF STUDENT (IN BLOCK LETTERS)				
STUDENTS BIRTH DETAILS	DATE OF BIRTH (DAY)	(MONTH)	(YEAR)	AGE (as on June 1st 20.....)
	PLACE OF BIRTH (CITY)		COUNTRY OF BIRTH	
	NATIONALITY		MOTHER TONGUE	
	RELIGION		CASTE	
	DOES THE CANDIDATE BELONG TO SC/ST		SEX : M/F	
FATHER'S DETAILS	NAME OF FATHER			
	PROFESSION	EDU. QUALIFICATION		NATIONALITY
MOTHER'S DETAILS	NAME OF MOTHER			
	PROFESSION	EDU. QUALIFICATION		NATIONALITY
ADDRESSES	HOME ADDRESS			PHONE#1
	E-MAIL			PHONE#2
	CITY	PIN/ZIP CODE	COUNTRY	MOBILE
	OFFICE ADDRESS			WHATSAPP No.
	E-MAIL			FAX
	CITY	PIN/ZIP CODE	COUNTRY	MOBILE
BROTHERS AND SISTERS	NAME OF BROTHER/SISTER in SAME SCHOOL		DATE OF BIRTH	GRADE STUDYING IN
	1.			
	2.			
STAY	FOR NRI ONLY : YEAR OF STAY ABROAD		FOR FOREIGNERS ONLY : EXPECTED LENGTH OF STAY IN KERALA	
PREVIOUS ACADEMIC RECORD	NAME OF SCHOOL	PLACE		GRADE (WHILE LEAVING)

PARENT (S) RESOURCES:

Please indicate in the space below if you are able to contribute of your expertise to the School. For example, as a: special teacher (art, music, dance, drama), sports coach, or guest speaker sharing some aspects of your works or hobbies.

.....
.....

INDEMNITY TO CHAVARA INTERNATIONAL ACADEMY

As long as all due care and attention has been taken by the school, in the event of any injury to my child or damage to the property of my child whilst involved in any school sponsored activities or while on the school premises or being transported to or from the school, I will not hold the school or any member of the school staff responsible. In signing this indemnity, I understand that in the event of an emergency every effort will be made to contact parents or guardians. If this is not possible I understand that my child will be taken to either his/her family doctor, or a suitable hospital for treatment.

Date : _____ Parent's Signature { Father : _____
Mother : _____

AGREEMENT

I hereby agree that my child and I will abide by all rules, regulations and policies of CHAVARA INTERNATIONAL ACADEMY. I also give permission for my child to go on organized school trips, participate in regular physical education activities, and have his/her photographs used in school publications.

I certify that the information contained in this is complete, true and correct to the best of my knowledge.

_____ Parent's Signature { Father : _____
Mother : _____
Applicant's Signature
(If applying for middle or High School) Date :

INSTRUCTIONS

- 1. The name of the student and his/her other particulars should be in accordance with the entries in the birth certificate.
- 2. In the case of admission by transfer from any other school, the name and other particulars of the student should conform strictly to the entries in the Transfer Certificate.
- 3. Guardian should produce the authorization from the parent to get the child admitted to the school.

THIS FORM MUST BE ACCOMPANIED BY THE FOLLOWING

- 1. 4 Passport size Photographs
- 2. Copy of Birth Certificate
- 3. School leaving Certificate
- 4. School Performance Report
- 5. Copy of Passport (Foreign Nationals)
- 6. Copy of Aadhaar Card

FOR OFFICE USE ONLY :

DATE OF ADMISSION _____ ADMISSION NUMBER: _____

GRADE TO WHICH ADMITTED _____

Date

SIGNATURE OF PRINCIPAL