



Students Admission Form

Name: _____

Gender: Male / Female

Age: _____

Date of Birth: _____

CPR No: _____

Academic School Standard: _____

Name of the School: _____

Name of the Father / Guardian: _____

Cathedral Membership No: _____

Address in Bahrain: _____

Address In India: _____

Contact No: _____

Watsapp Number: _____

Email Address: _____

Home Parish & Address: _____

Office Use

Reg No: _____ Division: _____ Admitted to Class: _____

Date of Admission: _____

Approved (HM): _____