



ST. MARY'S INDIAN ORTHODOX CATHEDRAL SUNDAY SCHOOL

P. O. BOX NO. 834, KINGDOM OF BAHRAIN

STUDENT'S ADMISSION FORM



Date: _____

Name of student	:	_____
Male / Female	:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Age & Date of birth	:	Age: _____ DOB(dd/mmm/yyyy): _____
CPR No.	:	_____
Academic school standard	:	_____
Name of School	:	_____
Name of Father/Guardian	:	_____
Cathedral Roll No.	:	_____
Contact Tel No.	:	_____
WhatsApp No.	:	_____
Email Address	:	_____

Signature: Father / Guardian

FOR OFFICE USE:

Reg. No. _____

Admitted to class : Class: _____ Div: _____

Date of Admission : _____

Approved (HM) : _____

Scan to fill Google form

