Admission Register _____



CAMBRIAN HALL, DEHRADUN

Application for admission for a Boarder/Day Boarder/Day Scholar (To be completed by the Parent/Guardian)

1.	(a) Scholar's Name in full
	(in Block Capital, as per Transfer Certificate)
	(b) Does the child belong to a Scheduled Caste/Tribe? Yes/No
2.	Boy or Girl
3.	Date of Birth: (a) In words
	(b) In figures
4.	Certified that the date of birth mentioned is correct and will NOT be changed in future.
5.	Name of the previous School
6.	Is the previous School recognized by the Education Department
7.	Name of Examination Board to which the previous School is affiliated
8.	Class to which admission required
9.	Class in which last studying
10.	Is transport required?
11.	Father's name and occupation
12.	Mother's name and occupation
13.	(a) Permanent address with Telephone No. (if any)
	(b) Address for communication with Telephone No. (if any)
14.	Guardian's name, occupation and address (Local address and Telephone No. be mentioned
15.	Are any of your children studying/have studied in the School? If so, give Name, Class & Year
	I desire that my Son/Daughtermay be admitted as a Boarder/Day Boarder
	(a) A Label of Combridge Hall. Debradup and that he/she may be allowed to begin attendance on20
	I have carefully read the Prospectus containing all the regulations and requirements of the School and also the rules
	and thereby agree to them and will do all in my power to abide by them.
	I also agree to the fees terms of the School and desire that my bills be presented at the following address
	I further agree to give one month's Notice of withdrawal in March/Nov. from the School and School Bus to take effect from the 1° of some given month or to pay for the entire academic session.
	Signature of Parent
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(i)	the Cabalar's last Chool William Willi
(ii)	with the from a registered medical practitioner testifying to the school 3 fleath, dates of vaccination and
. ,	A medical certificate from a registered medical present inoculation, and that he/she is free from any serious disorder or defects and has had no recent contact with persons
	suffering from an infectious disease.
(iii)	Photostat Mark Sheet/Report Card.
ENRO	LMENT
(To be	completed by the Admission office)
	Transfer Certificate
Statu	sHouse
Date	Principal Principal