



METROPOLITAN SCHOOLING SYSTEM

Montessori to Matric

Admission Form

Name: _____

Form No. _____

Father's Name: _____ Mother's Name _____

Date of Birth (Please attached Birth Certificate) _____

Place of Birth: _____ Religion _____

Class in Which Admission Taken: _____

Residential Address: _____

Profession of Father: _____ Profession of Mother: _____

Office Address: _____

Tel. Res: _____ Tel. Office: _____ Cell: _____

Emergency Contact: Name of person: _____

Relation: _____ Tel: _____ Cell: _____

I hereby declare that the information given above is complete true and. I understand that our incorrect statement will disqualify our admission.

For Office Use Only:

Class Teacher: _____ Class: _____

Class Teacher's Report: _____

Please test the above mentioned pupil
Of admission in class _____ and report

Principal: _____

Class Teacher: _____

Registration No. _____

Admission Allowed / Rejected in class section: _____ Section: _____

Academic Year: _____

Date: _____

Principal: _____

Checked By: _____