



BELIEVERS CHURCH RESIDENTIAL SCHOOL

SL.NO

P.O BOX 5, (ST.THOMAS NAGAR), KUTTAPUZHA P.O
 THIRUVALLA 689103, KERALA
 Phone: 0469 2733402,2733404,2741562,2741563
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 E-mail: bcrsthiruvalla@gmail.com

Recent
 photograph
 of the
 student.

REGISTRATION FORM FOR ADMISSION TO STD XI

[All entries to be made as per class X board certificate.]

1. Full name of the pupil
2. Expansion of initials
3. Sex Male Female
4. Age Years Month
5. Date of Birth Date Month Year
 (as given in the birth certificate)
6. Name of Father
7. Name of Mother
8. Address for communication

Phone(Res).....Mobile.....

- 9..Name of the school previously attended:
- 10.Registration no. of class IX :.....
- 11.Roll number of class X with Board:.....

12. Combinations offered for choice (tick your option)

Group I	Group II	Group III	Group IV
English (Core) Physics Chemistry Maths Computer Science	English (Core) Physics Chemistry Biology <u>Options(tick one)</u> Maths <input type="checkbox"/> Computer Science <input type="checkbox"/> Psychology <input type="checkbox"/>	English (Core) Accountancy Business Studies Economics <u>Options(tick one)</u> Maths <input type="checkbox"/> Informatics Practices <input type="checkbox"/>	English Core History Economics Political Science <u>Options(tick one)</u> Psychology <input type="checkbox"/> Informatics Practices <input type="checkbox"/> Mathematics <input type="checkbox"/>

Signature of the Pupil

Signature of Father

Signature of Mother
