



CHRISTIAN BROTHERS COLLEGE

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FORM OF APPLICATION FOR ADMISSION

Application is hereby made by the undersigned for the admission of:

Pupil's name in full

Date of birth Place of Birth

Religious denomination

Previous School Grade/ Form

Date of desired admission Desired form

Name of Parent or Guardian.....

Occupation

Residential / Postal Address

.....

Cell no

E-mail

Signed Date

PLEASE FILL IN & RETURN TO THE OFFICE WITH USD\$10.00 APPLICATION FEE

* A TERM'S NOTICE OF WITHDRAWAL FROM THE COLLEGE IS REQUIRED *