



MGM CLOVER DALE SCHOOL

ALUMNI REGISTRATION FORM

Dear CDS Alumni,

You are a very important member of the CDS family and we are so grateful to you for having enriched the school ecosystem by your presence and contributions. To stay connected and keep alive the wonderful memories of the time you spent with us, we request you to fill in this form with your latest details. We look forward to stay in touch with you and keep you connected with the school :-)

- Full Name:* _____

- Date of Birth:* ____/____/____

- E-Mail :* _____

- Contact Number: _____

- Father's Name:* _____

- Mother's Name:* _____

- Parents' Email: _____

- Parents' Contact Number:* _____

- Permanent Address:* _____

- Your Current City:* _____

- Year of Passing out from Clover Dale* _____

- Please list down the School(s) you have attended:
 1. _____
 2. _____
 3. _____

- Name the College(s) and Universities you have attended / are attending

1. _____
2. _____
3. _____

- Professionally, what do you aspire to be:

- Share your fondest memory at MGM Clover Dale School:

- How has your journey been since you graduated from Clover Dale School?

- Are you open to being a member of the Alumni Executive Committee and attend meetings every year?

- Will you be able to make time to mentor any present student or conduct sessions?

- Suggestions for the Alumni Office:

**required fields*

Thank you! Stay Connected.

We would love to hear from you!

Please write to aparnakakkad.cds@gmail.com / principal.cds@gmail.com

For further queries contact

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