



Continuation Form

Please submit the filled in form at the School Accounts Office.

I, Rajaram Kollisetty / Deepthi Bondada Father/ Mother of:

Child 1 Name: Shresta Kollisetty Grade: 2 Section: _____

Child 2 Name: _____ Grade: _____ Section: _____

Child 3 Name: _____ Grade: _____ Section: _____

☒ Wish to continue my child/children's education with Chrysalis High, Varthur for the Academic Year 2021-22.

Parent's Signature: K V V G Rajaram