

REGISTRATION FORM

Affix student's
recent photograph here

First

Middle

Last

Name: _____

(In CAPITAL letters)

Class in which admission is sought: _____

Session: _____

Note:

1. The form should be filled in by the parent(s) in his/her own handwriting.
2. Please attach photocopy of the following documents:
 - i. Birth Certificate of the Child (Issued by Municipal Corporation or concerned civic authority)
 - ii. For classes II and above: Assessment Record of last year
3. Passport size photograph of the child and parents to be attached.
4. Parents may attach extra sheets of paper as annexures wherever required.
5. Submission of the form does not guarantee admission.
6. The Registration fee is non-refundable.
7. Incomplete forms will be rejected without intimation.

Father's Signature _____

Mother's Signature _____

Date _____

Date _____

STUDENT INFORMATION

Date of Birth: / /

Gender: M F

Age (as on 31st March 2016):

Nationality: _____

Present Residential Address: _____

Permanent Residential Address: _____

Landline No.: _____

Landline No.: _____

Address for Correspondence: Present Permanent

Emergency Contact Person (Name, Address & Mobile No.) _____

DETAILS OF PREVIOUS SCHOOL

Name: _____ Board: _____

Period attended from : / to /

Reason(s) for leaving: _____

OTHER INFORMATION

Languages: Mother Tongue: _____

Other languages spoken at home: _____

Any other language known: _____

Extra-curricular: Please list all extra-curricular activities that your child is involved in. Mention achievements if any.
(Sports, music, dance, art , theatre etc.)

Father's Signature _____

Mother's Signature _____

Date _____

Date _____

FAMILY INFORMATION

Please tick if applicable: Single parent

Father's/Guardian's Name: _____

Date of Birth: / / Age: years

Nationality: _____ Qualification: _____

Profession: Business Service Govt. Pvt. Self-Owned Ltd.

Company's Name: _____

Designation: _____

Office Address: _____

Mobile No.: _____ Office No.: _____

Email: _____

Please affix a recent
passport size
photograph of the
father / guardian

Mother's/Guardian's Name: _____

Date of Birth: / / Age: years

Nationality: _____ Qualification: _____

Profession: Business Service Govt. Pvt. Self-Owned Ltd.

Company's Name: _____

Designation: _____

Office Address: _____

Mobile No.: _____ Office No.: _____

Email: _____

Please affix a recent
passport size
photograph of the
mother / guardian

SIBLING INFORMATION

1. Name of child: _____

Class: _____ Age: _____ Gender: M F School: _____

2. Name of child: _____

Class: _____ Age: _____ Gender: M F School: _____

DECLARATION BY THE PARENTS

I hereby declare that the above information furnished by me is correct and to the best of my knowledge & belief. I shall abide by the rules and regulations of the school.

Father's Signature _____ Mother's Signature _____

Date _____ Date _____

FOR OFFICE USE ONLY

OFFICE

I certify that I have checked the registration form and the relevant papers are found in order.

Meeting with the Principal scheduled for: / /

Counsellor's Remarks _____

Signature _____

Date _____

Name _____

PRINCIPAL

Principal's Remarks _____

Please Admit to Class _____ .

Signature _____

Date _____

Name _____