



Receipt No. _____

Application For Admission : Registration Form

APPLICANT

Child's Name : _____
Surname First Name Middle Name

Class : _____

Date of Birth (in figures) : _____ in words : _____

Place of Birth : _____ Nationality : _____

Religion : _____

Local Address : _____

Permanent Address : _____

Last School Attended : _____ Year/Duration : _____

Aadhar Card No : _____

PARENTS

Father's Name: _____

Residence No : _____

Mobile No : _____ Emergency Contact No : _____

Office No : _____ Email ID : _____

Profession : _____ Designation : _____

Employer : _____

Office Address : _____

Educational Qualification : _____

Mother's Name: _____

Residence No : _____

Mobile No : _____ Emergency Contact No : _____

Office No : _____ Email ID : _____

Profession : _____ Designation : _____

Employer : _____

Office Address : _____

Educational Qualification : _____

LOCAL GUARDIAN

Name : _____ Gender : _____

Residence No : _____

Mobile No : _____ Emergency Contact No : _____

Office No : _____ Email ID : _____

Profession : _____ Designation : _____

Employer : _____

Date : _____ Signature : _____

This registration does not guarantee admission.

Note: If you wish to give extra information about your child or family, do so at the back of this page.