

FORM-I

REGISTRATION FORM

(To be filled in Block Letters)

PHOTOGRAPH
OF STUDENT

Form No. _____

Registration for Pre-primary/Pre-school
(Strike-out which ever is not applicable)

1. Name of the Student _____

2. Date of Birth:

Date

--	--

Month

--	--

Year

--	--

(In words) _____

3. Sex:

Male

Female

(Tick whichever is applicable)

4. Details of parents:

(a) Father's Name _____

Profession _____

Is the job transferable?

Yes	No
-----	----

 (Tick whichever is applicable)

Designation (if applicable) _____

Office Address : _____

Residential Address _____

Tel. No.[Residence] _____

Off..Tel No. _____

Mobile No. _____

(b) Mother's Name _____

Profession _____

Is the job transferable?

Yes	No
-----	----

 (Tick whichever is applicable)

Designation (if applicable) _____

Office Address : _____

Residential Address _____

Tel. No.[Residence] _____

Off..Tel No. _____

Mobile No. _____

(c) Guardian's Name (if applicable) _____

Profession _____

Is the job transferable?

Yes	No
-----	----

 (Tick whichever is applicable)

Designation (if applicable) _____

Office Address : _____

Residential Address _____

Tel. No.[Residence] _____

Off..Tel No. _____

Mobile No. _____

(d) Are you a single parent?

Yes	No
-----	----

 (Tick whichever is applicable)

(e) Do you belong to minority community (only in case of Recognized Minority schools)

Yes	No
-----	----

 (Tick whichever is applicable)

If yes, please specify which one _____

5. (a) Is the School Transportation required?

Yes	No
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 (Tick whichever is applicable)

(b) If no, are you in a position to provide safe transportation to the student to and from the school?

Yes	No
-----	----

 (Tick whichever is applicable)

6. Does the child have some special needs?

Yes	No
-----	----

 (Tick whichever is applicable)

If Yes, give details _____

7. Is the admission being sought under the seats reserved for economically weaker section of society?

Yes	No
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 (Tick whichever is applicable)

If yes, please give total annual income of both parents (in figures) _____
(in words) _____

8. (a) Is a sibling of the student studying in this school? Please reply only with reference to own sister or brother.

Yes	No
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(Tick whichever is applicable)

(b) If yes please give following details of the sibling:-

Name: _____

Class: _____

Section: _____

9. School Specific parameters:

As per details attached

10. Photocopy of the following documents are to be enclosed:

- Attested photocopy of birth certificate
- Proof of residence
- Income certificate from an authorized person for application made under EWS Category.
- Xerox copy of certificate in support of Educational Qualification of parents
- Medical Certificate for the child with Special Needs

Please register my son/daughter/ward named above in your school I shall produce the requisite documents at the time of admission:

Signature

Undertaking

I _____ father/mother/guardian of _____ hereby declare the information given above by me is correct. Admission of my child may be cancelled if any information is found to be false.

Signature

NOTE:

1. Only photocopies of the documents are to be enclosed, originals will be checked at the time of admission.
2. Points 9 and 10 shall be as decided by the school.