(INSERT SCHOOL NAME AND LOGO)

REGISTRATION FORM FOR ADMISSION

NAME OF THE CHILD: ----------------------------------------------

Passport picture of the student

DATE OF BIRTH: -----------------------------------------------------

GENDER: --------------------------------------------------------------

ADMISSION FOR CLASS: -------------------------------------------

SESSION: --------------------------------------------------------------

NAME OF THE PRESENT SCHOOL (IF ANY): -----------------------------------------------------------------------------

CLASS IN WHICH STUDYING: -----------------------------------------------------------------------------------------------

RESIDENTIAL ADDRESS: ----------------------------------------------------------------------------------------------------

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PHONE NUMBER: (LANDLINE) ------------------------------------- (MOBILE) --------------------------------------

NATIONALITY: ----------------------------------------------------------------------------------------------------------------

DETAILS OF PARENTS:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.No | PARTICULARS | MOTHER | FATHER | GUARDIAN |
| 1 | NAME |  |  |  |
| 2 | DATE OF BIRTH |  |  |  |
| 3 | RESIDENTIAL ADDRESS |  |  |  |
| 4 | PHONE NUMBER (LANDLINE)  (MOBILE) |  |  |  |
| 5 | QUALIFICATIONS |  |  |  |
| 6 | SCHOOL ATTENDED |  |  |  |
| 7 | YEAR OF PASSING |  |  |  |
| 8 | COLLEGE ATTENDED |  |  |  |
| 9 | YEAR OF PASSING |  |  |  |
| 10 | OCCUPATION |  |  |  |
| 11 | NAME OF THE ORGANIZATION |  |  |  |
| 12 | DESIGNATION |  |  |  |
| 13 | OFFICE ADDRESS |  |  |  |
| 14 | PHONE NUMBER (LANDLINE)  (MOBILE) |  |  |  |
| 15 | EMAIL ID |  |  |  |
| 16 | SPECIAL ACHIEVEMENTS (IF ANY) |  |  |  |
| 17 | ANY MEDICAL CONDITION THE SCHOOL MUST BE AWARE OF |  |  |  |
| 18 | EMERGENCY CONTACT NUMBER |  |  |  |

AREAS IN WHICH YOU CAN CONTRIBUTE TO THE ENRICHMENT OF THE SCHOOL----------------------------

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DECLARATION FROM PARENTS

I hereby certify that the information given above is correct to the best of my knowledge. I have read the instructions carefully and I agree that the decision of the school management regarding admission will be final.

PHOTOGRAPH

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(SIGNATURE) (SIGNATURE) (SIGNATURE)

DATE -------------------------------------------------- PLACE------------------------------------------

ENQUIRY FORM FOR ADMISSION

STUDENT DETAILS

NAME:

DATE OF BIRTH:

ADMISSION TO CLASS:

CURRENT SCHOOL:

CLASS IN WHICH STUDYING:

COUNTRY:

PARENTS DETAILS

NAMEOF MOTHER:

NAME OF FATHER:

CONTACT DETAILS

TEL (HOME):---------------------------------- (OFFICE):-----------------------------------

MOBILE:

EMAIL:

HOW DID YOU KNOW ABOUT OUR SCHOOL

I AM NOT A ROBOT