

# REGISTRATION / ADMISSION FORM

Session: 20... 20... Reg. No. .... Admn. No. .... Date. ....

## STUDENT DETAILS

 Full Name .....  
 (In Capital Letters)

 Date of Birth      Male  Female 

D.O.B (In Words) .....

Age as on 01-04-2026 ..... Class Applied For .....

 Name of the Previous school attended (if applicable) .....  
 Board .....

 Permanent Address .....  
 Pin .....

Correspondence Address .....

 Paste the  
 Passport Size  
 Photograph

## DOCUMENTS REQUIRED

Student's Birth Certificate Attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Aadhaar Card of the Student Attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Aadhaar Card of Parent/Guardian Attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Original Transfer Certificate from the last school attended (If applicable) Attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Previous School Report Card (for Admission to LKG and above required) Attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## DETAILS

Category: General /SC/ST / OBC/Other (Attach Proof)		
Blood Group		
Height:		Weight:
Bus Facility Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No

How did you come to know about us?

<input type="checkbox"/> Facebook/ Instagram	<input type="checkbox"/> Playschool	<input type="checkbox"/> Billboard/Hoarding
<input type="checkbox"/> Friends/Family/Relatives	<input type="checkbox"/> Google Search	<input type="checkbox"/> Any other

## FATHER'S DETAILS

Name \_\_\_\_\_  
Qualification \_\_\_\_\_  
Age \_\_\_\_\_  
Profession \_\_\_\_\_  
Office Address \_\_\_\_\_  
Mobile No. \_\_\_\_\_  
Email ID \_\_\_\_\_  
Emergency Contact No. \_\_\_\_\_

Paste the  
Passport Size  
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## MOTHER'S DETAILS

Name \_\_\_\_\_  
Qualification \_\_\_\_\_  
Age \_\_\_\_\_  
Profession \_\_\_\_\_  
Office Address \_\_\_\_\_  
Mobile No. \_\_\_\_\_  
Email ID \_\_\_\_\_  
Emergency Contact No. \_\_\_\_\_

Paste the  
Passport Size  
Photograph

## EXTRA-CURRICULAR ACHIEVEMENT

Have you achieved distinction in any sport or activity? If yes, please specify:

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## ADDITIONAL INFORMATION

Please specify any serious ailment, allergy, or chronic health condition (if any):

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Details of sibling(s) currently studying in or applying to the school:

Name \_\_\_\_\_

Class \_\_\_\_\_

Section \_\_\_\_\_

## DECLARATION

I hereby certify that:

- The date of birth and spellings of the name of my child/ward provided in this form are correct to the best of my knowledge and I shall not request any changes in the future.
- I understand that registration of my child/ward is no guarantee for admission to the school and also understand that the registration fee is non-refundable.
- Admission remains provisional until all required documents (Transfer Certificate, Report Card etc) are submitted by me before the commencement of the new Academic session.
- I have read the rules and regulations in the school Prospectus and agree to abide by them. The decision of the management is final.
- While the school takes all necessary care for the safety and wellbeing of the child, I will not hold the school authorities responsible for any mishap.

Parent's/Guardian's Signature

Student's Signature

## FOR OFFICE USE ONLY

Admission Granted Yes   
Class \_\_\_\_\_  
Date of Admission \_\_\_\_\_  
Balance If Any \_\_\_\_\_

No   
Section \_\_\_\_\_  
Admission No. \_\_\_\_\_  
Amount Received \_\_\_\_\_

Roll No. \_\_\_\_\_  
Receipt No. \_\_\_\_\_

Principal's Signature