

**The Registration Form to be used by the Schools during Admissions to Pre Primary Classes**

**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
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

(In words) \_\_\_\_\_

3. Sex: 

Male	Female
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 (Tick whichever is applicable)

4. Details of parents:

(a) Father's Name \_\_\_\_\_

Profession \_\_\_\_\_

is the job transferable? 

Yes	No
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 (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
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 (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
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 (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
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 (Tick whichever is applicable)

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

Yes	No
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 (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)

please give total annual income of both parents (in figures) \_\_\_\_\_  
in w. ls) \_\_\_\_\_

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- like girl child, minority community (in case of recognized minority schools).

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

Note: No weightage will be given to education qualifications, professions and financial status of parents.

