



REGISTRATION FORM

Registration No... ..

Name of the Child (CAPITAL LETTERS) : _____

Class in which admission is sought : _____ Class Attending Presently: _____

Name of the Present School : _____

Date of Birth : _____ Age as on 31-01-2009: _____ Yrs _____ Months _____

Gender : Male Female

Residential Address: _____

Father's Name : _____

Educational Qualification: _____

Occupation: _____

Organisation: _____ Designation: _____

Telephone / Mobile No.: _____ E-mail: _____

Mother's Name: _____

Educational Qualification : _____

Occupation : _____

Organization: _____ Designation: _____

Telephone / Mobile No.: _____ E-mail: _____

Note : Early registration is recommended. Registrations will be considered in the order they are received. This registration form does not give rise to a commitment by the School or the parents. The offer of a place is subject to availability and the entry requirements of the School at the time of offer.

Father's Signature

Mother's Signature

Date: