



# Student Data

REGISTRATION

2015 - 2016

Affix a recent  
passport-size colour  
photograph  
of the candidate

FORM NO.

DATE OF ISSUE

REGISTRATION NO.

USE ONLY CAPITAL LETTERS // Please do not leave any column blank / Use N.A. where ever necessary.



NAME

FIRST MIDDLE LAST

DATE OF BIRTH         MALE  FEMALE

DATE OF BIRTH (IN WORDS)

AGE ON 31.03.2015   YEARS   MONTHS   DAYS

ADMISSION SOUGHT IN CLASS (IN WORDS)

CURRENT SCHOOL

CURRENT CLASS



SPECIAL SKILLS AND INTERESTS



Day Scholar  OR  BOARDERS

# Parent Data

REGISTRATION

2015 - 2016

FATHER

MOTHER

NAME \_\_\_\_\_

MONTHLY INCOME \_\_\_\_\_



HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PIN CODE \_\_\_\_\_ STATE \_\_\_\_\_



PHONE (S) \_\_\_\_\_



E-MAIL \_\_\_\_\_

## WORK DETAILS

QUALIFICATIONS \_\_\_\_\_

PROFESSION \_\_\_\_\_ DESIGNATION \_\_\_\_\_

ORGANISATION \_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_



PHONE (S) \_\_\_\_\_ FAX \_\_\_\_\_

NO. OF CHILDREN (DAUGHTER/S) \_\_\_\_\_ (SON/S) \_\_\_\_\_

NAME \_\_\_\_\_ CLASS \_\_\_\_\_



DO YOU NEED TRANSPORT / YES  NO

REGISTRATION NO.

IF YES, MENTION TWO PREFERENCES FOR THE DESIRED BUS STOP. ( PLEASE REFER TO INFO ABOUT BUS ROUTINES)

PREFERENCE 1  PREFERENCE 2

IF TRANSPORT FACILITY IS NOT AVAILABLE, WILL YOU STILL SEEK ADMISSION ? YES  NO

AREA OF INTEREST WHERE PARENTAL CONTRIBUTION COULD ENRICH THE SCHOOL.

MUSIC/DANCE/DRAMA



PAINTING/SCULPTURE

PUBLIC SPEAKING/COMMUNICATION SKILL



MEDICAL



SPORTS

COMMUNITY PROGRAMME



SOCIAL SKILLS

ACADEMICS

BUS/OUTING SUPERVISION

CAREER COUNSLING

MEDIA/PR



OTHERS

\_\_\_\_\_  
MOTHER'S SIGNATURE

\_\_\_\_\_  
FATHER'S SIGNATURE

\_\_\_\_\_  
GUARDIAN'S SIGNATURE  
(As applicable)

# Medical Card of The Child

REGISTRATION

2015 - 2016

(To be filled by the Parents/Guardians)

AGE IN YEARS \_\_\_\_\_

SPECIAL DISEASES SUFFERED IN THE PAST \_\_\_\_\_

OPERATION IF UNDERGONE IN THE PAST (SPECIFY IF ANY)  
\_\_\_\_\_

ALLERGIES (IF ANY) \_\_\_\_\_

**IMMUNIZATIONS :**

- (i) Polio ..... Yes ..... No.
- (ii) DPT ..... Yes ..... No.
- (iii) measles ..... Yes ..... No.
- (iv) DT ..... Yes ..... No.

**BLOOD GROUP :** \_\_\_\_\_

- **Tetanus** (with date of last injection Yes ..... No.....)

- **Typhoid & Cholera** (with date of last injection Yes ..... No.....)

**ANY OTHER DISEASE FOR WHICH CHILD IS ON REGULAR MEDICATION.**

(i) .....

(ii) .....

**WEIGHT** .....

**HEIGHT** .....

**SIGNATURE OF DOCTOR**

**SIGNATURE OF PARENTS**



ADMISSION ORDER BY \_\_\_\_\_

ADMITTED

NOT ADMITTED

CLASS \_\_\_\_\_ SECTION \_\_\_\_\_ W.E.F. \_\_\_\_\_

ENCLOSURES

PHOTOGRAPH OF STUDENT

TRANSFER CERTIFICATE

PARENT'S PHOTOGRAPH

INDEMNITY BOND

BIRTH CERTIFICATE

MEDICAL CERTIFICATE

PREVIOUS YEAR'S MARK SHEET

REGISTRATION NO.

\_\_\_\_\_  
SIGNATURE OF CHAIRMAN / SECRETARY

\_\_\_\_\_  
PRINCIPAL