

REGISTRATION FORM

No.

Student's
Recent
Photograph
(Passport Size)

Registration No. SPPS/.....

1. Name of Student _____ * Aadhaar No. _____
(In BLOCK Letters)

2. (a) Date of Birth

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 (.....)
(in words)

(b) Age as on 31st of March of the year of admission
(attested copy of Birth Certificate to be attached)

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 Y M D

3. Sex

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 Male Female

(4). SC/S.T./OBC

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 Yes No
(If Yes, Attested Copy of Certificate to be attached)

5. Class for which Registration is sought : _____

6. Mother Tongue of the student : _____

7. Name of School last attended, (if any) : _____

8. (i) Father's Name (In BLOCK Letters) : _____ * Aadhaar No. _____

(ii) Office Address (if any) : _____
(with Designation) : Phone No. : _____ Mobile No. : _____

(iii) Residential Address : _____
: Phone No. : _____ Mobile No. : _____

(Attested copy of proof of residence to be attached)

9. (i) Mother's Name (In BLOCK Letters) : _____ * Aadhaar No. _____

(ii) Office Address (if any) : _____
(with Designation) : Phone No. : _____ Mobile No. : _____

(iii) Residential Address : _____
: Phone No. : _____ Mobile No. : _____

(Attested copy of proof of residence to be attached)

10. Guardian's Name (with relation, if any) : _____ * Aadhaar No. _____

(Residential Address & Relation to the Student) : _____

(Attested copy of proof of residence to be attached) : Phone No. : _____ Mobile No. : _____

11. Is school transport required?

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 Yes No

12. Distance of school from residence _____ Kms.

13. (i) Does the child have some special needs ? YES NO
 If yes, give details thereof .

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14. Information on parameters of admission criteria :
 (Please tick (✓) the appropriate box.)

PARTICULARS

(I) NEIGHBOURHOOD	YES	NO	(FOR SCHOOL USE ONLY)
(a) between 0 - 5 Kms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) between 5 - 8 Kms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) between 8 - 10 Kms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) More than 10 Kms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii) SIBLING (in this school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) SINGLE GIRL CHILD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iv) PARENT ALUMNI OF SCHOOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(V)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(VI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(VII)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please register my son/daughter/ward for admission in your school. I have attached attested copies of all appropriate certificates/documents. I shall produce original certificate/documents at the time of admission.

Date:

(Signature of Parent / Guardian)

Name (In BLOCK Letters)

*Aadhaar No.

UNDERTAKING

I..... father/mother/guardian ofhereby declare that the information given above by me is based on facts and authentic documents and is correct and true to the best of my knowledge and belief. Registration/Admission of my child may be cancelled, if any information furnished above by me is found to be wrong or false.

Date:

Signature of Parent/ Guardian

* Attested copy to be attached

* Aadhaar No.