



REGISTRATION FORM

Please use capital letters

DATE: _____

NAME OF THE CHILD: (AS IN PASSPORT) _____

DATE OF BIRTH: _____ (DD/MM/YY) AGE AS ON September 2010 Year _____ Months _____

COUNTRY OF BIRTH: _____ NATIONALITY: _____

GENDER: _____ RELIGION: _____

SECOND LANGUAGE: HINDI/ FRENCH /URDU (Availability of option depends on number of students)

SCHOOL/ NURSERY LAST ATTENDED: _____

COUNTRY /EMIRATES (last School) _____ GRADE _____

SEEKING ADMISSION TO GRADE: _____

DO YOU REQUIRE TRANSPORT Yes/No: Area _____
(subject to availability of seat)

NAME OF FATHER: _____ NATIONALITY _____

NAME OF COMPANY: _____ OFFICE NO. : _____

OCCUPATION: _____ DESIGNATION: _____ MOBILE NO. : _____

RESIDENCE NO: _____ Email ID _____

NAME OF MOTHER: _____ NATIONALITY _____

NAME OF COMPANY: _____ OFFICE NO. : _____

OCCUPATION: _____ DESIGNATION: _____ MOBILE NO. : _____

RESIDENCE NO: _____ Email ID _____

Sibling _____ Class _____ Gr .No. _____

Note: It is important that the all columns in the form are duly filled and submitted along with the last school result (for students of grade 1 upwards) if the student has to appear an entrance exam

SIGNATURE OF PARENT

FOR OFFICE USE ONLY

AVAILABILITY OF SEAT: YES / NO

SUITABLE FOR ADMISSION: YES / NO

CALLED FOR ENTRANCE TEST: YES / NO

SUBMITTED REPORT CARD: YES / NO

ENTRANCE TEST RESULT: PASS / FAIL

ADMISSION GRANTED: YES / NO

CALLED FOR ADMISSION: YES / NO

REGISTRAR'S SIGNATURE