



## KARAN SINGH MEM. SR. SEC .SCHOOL KHANDA (SONIPAT)

### REGISTRATION FORM

**Note: The form should be filled by the parents**

Reg. No.

Class in which admission is sought: \_\_\_\_\_ Session: \_\_\_\_\_



#### PARTICULARS OF THE CHILD

Name of the child (in block letters) First Name Middle Name Last Name

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D.O.B 

D	D	M	M	Y	Y	Y	Y
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 (in words) \_\_\_\_\_

Name of the present school : \_\_\_\_\_

Age :   Years    Months    Gender:   Male    Female

Mother tongue: \_\_\_\_\_ Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

Category:   GEN    SC    ST    OBC    Any Other \_\_\_\_\_

Present address: \_\_\_\_\_

\_\_\_\_\_

Contact number: 

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   Email: \_\_\_\_\_

#### PARTICULARS OF PARENTS

	FATHER	MOTHER
Name		
Age		
Qualification		
Occupation		
Organisation/ Employer		
Address (Business/Office)		
Contact No.		
Email		



#### SIBLING DETAILS

Name of Siblings	Brother / Sister	Age	Class	Name of School

School Transport

Yes  No

Own Arrangement (Escorted) Yes  No

### KINDLY FILL THE FOLLOWING DETAILS

Does your child have any Medical Ailment / Special Needs / Learning Difficulties?

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What are your expectations from the school and the teachers for your child?

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### DOCUMENTS REQUIRED FOR ADMISSION

**Tick as relevant:**

- |  |                          |
|--|--------------------------|
| A. Attested photocopy of official Birth Certificate                                      | <input type="checkbox"/> |
| B. Ration Card / Voters Card / Aadhar Card or other valid documentary proof of residence | <input type="checkbox"/> |
| C. Passport size photographs of parents (one each)                                       | <input type="checkbox"/> |
| D. Relevant authenticated certificate (in case of SC / ST / OBC / others)                | <input type="checkbox"/> |
| E. Medical Certificate of Child (for children with special problems only)                | <input type="checkbox"/> |

**PLEASE NOTE:**

**Submission of this form does not guarantee admission.  
Only shortlisted candidates will be called for an interaction.**

- I / We certify that the above information is correct and true to the best of my / our knowledge.
- I / We accept the Admission process undertaken by the school. I / We will abide by the decision taken by the school.
- I / We accept the Admission process undertaken by the school. I / We will abide agree to abide by the rules and regulations of the school.
- I / We accept the Admission process undertaken by the school. I / We will abide understand that the information above, if found incorrect, would automatically lead to cancellation of admission.

### FOR OFFICE USE ONLY

Registration Receipt No. \_\_\_\_\_

Date of Interview/Interaction: \_\_\_\_\_

Admit to Class: \_\_\_\_\_ Academic Session: \_\_\_\_\_ Admission Incharge: \_\_\_\_\_

Transport allotted: \_\_\_\_\_ Route no. : \_\_\_\_\_ Pick up point: \_\_\_\_\_

Transport in charge: \_\_\_\_\_

\_\_\_\_\_  
**Director**

Date: / /

\_\_\_\_\_  
**Dean Academics**

Date: / /