



SCHOOL REGISTRATION FORM

Springfield Olympiads 2019-2020

1- School Name
(Capital Letters)

2- School Address
(Capital Letters)

City_____District_____State_____Pin Code

3- Affiliation Board

4-Affiliation Number

5-Principal's Name
and Ph. No.

<input type="text"/>	STD code <input type="text"/>	Phone No./Mobile No. <input type="text"/>
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6- Principal E-mail ID

7- School E-mail ID

8- In-Charge Teacher's
Name

9- In-Charge Teacher's
Contact No. & E-mail

Phone No./Mobile No. <input type="text"/>	E-mail <input type="text"/>
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