



4/2, Subramanian Sreet, Perambur, Chennai -600011

Regn No:

PHOTO

ADMISSION CUM REGISTRATION FORM

Student Information:-

Name of the child:- _____

Date of Birth:- _____ Gender: - Boy/Girl _____ Blood Group:- _____

Class for which Admission is sought _____ Religion:- _____ Mother Tongue:- _____

Other Languages _____ Name of the Previous school attended (If any) _____

Family/Communication Details-

Father's Name _____

Educational Qual. & Occupation _____

Complete Address _____

City _____ Pin _____ Telephone Numbers :- _____

E-mail :- _____

Mother's Name _____



Educational Qual. & Occupation _____

Telephone Numbers:- Cell Phone :- _____ Landline:- _____

E-mail:- _____

If Single Parent, Please give details _____

Emergency Contact if you cannot be reached-

Name _____ Cell Numbers _____

Other person authorized to pick up your child from school:-

Name _____ Cell Numbers _____

Address _____

Doctor's Name/ Address/Cell _____

Does your child have any special problems or fears?

Does your child have any allergies? _____

Does your child have any medical problem that you would like to share with us?



Is there anything else that you would like to share about your child with the

school_____?

How will your child come to school? - Would you require transport facility_____

Date-

Signature of Parent -----

IMPORTANT INFORMATIONS SHOULD BE FILLED BY THE CENTRE HEAD									
Centre Code :	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	Registration Fee :	<input style="width: 95%;" type="text"/>	
Registration No. :	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Course Name :	<input style="width: 95%;" type="text" value="Pre-Nursery"/>		<input style="width: 95%;" type="text" value="Nursery"/>		<input style="width: 95%;" type="text" value="LKG"/>	<input style="width: 95%;" type="text" value="UKG"/>	Uniform Size :	<input style="width: 95%;" type="text"/>	
Admission Date :	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text" value="20"/>						
							Shoe Size :	<input style="width: 95%;" type="text"/>	
_____ Signature of Centre Head									

Required Enclosures: 1. Birth Certificate (Xerox) 2. Doctor's Certificate 3. Stamp Size Photographs-8 Nos