



PRE REGISTRATION FORM

DATE..... SERIAL NO.....

NAME OF THE CHILD

GENDER Male Female

DATE OF BIRTH

CLASS APPLIED FOR

RESIDENTIAL ADDRESS.....
PIN.....

MOTHER'S NAME

QUALIFICATIONOCCUPATION.....

MOBILE NO

E-MAIL ADDRESS

FATHER'S NAME

QUALIFICATIONOCCUPATION.....

MOBILE NO

E-MAIL ADDRESS

SIBLING DETAILS

NAME	AGE	GENDER	SCHOOL	CLASS

How did you come to learn about the school?
 Recommendation Social Media Print Media Website Or (specify).....

FOR OFFICE USE

SIGNATURE OF PARENT.....