T A G O R E   S C H O O L

(**SENIOR SECONDARY**)

18, MAYAPURI MARG, MAYAPURI, NEW DELHI-110064

(PLAY SCHOOL: RAJOURI GARDEN, CHAND NAGAR)

REGISTRATION FORM

(TO BE FILLED IN BLOCK LETTERS)

(Registration does not ENSURE admission)

1. REGISTRATION FOR CLASS : …………………STREAM(FOR CLASS XI)……………...… ……….

2. CHILD'S NAME ……………………………………………………………….…M / F……

3. DATE OF BIRTH (IN FIGURES)   DD……………MM……………YYYY…………………

    (IN WORDS) ………………………………………………………………………………....

4. AGE AS ON 31ST MARCH 201   YEARS……………MONTHS……………DAYS…………

5. NATIONALITY …………………………………….. …………… ………….. ………………………..

6. FATHER'S NAME …………………………………………………………..……

    A) ACADEMIC QUALIFICATION ……………………………….. B) OCCUPATION ./…………...…..

    C) DESIGNATION ……………………CENTRAL/STATE GOVT.EMPLOYEE YES…NO…….. ……………

    D) MONTHLY INCOME …………..…… E) OFFICE ADDRESS & PHONE ……………………………………..…..

      EMAIL I.D.……………………………………… PAN CARD NO……………………………………………

7. MOTHER'S NAME ………………………………………………………………..

    A) ACADEMIC QUALIFICATION ……………………………….. B) OCCUPATION ………………..

    C) DESIGNATION ………………………… CENTRAL/STATE GOVT.EMPLOYEE YES…NO…….D) MONTHLY INCOME

    ……………… E) OFFICE ADDRESS & PHONE NO…………………   …………………E-MAIL .D………...………………

    PAN CARD NO…………………

8. RESIDENTIAL ADDRESS ……………………………………………………….…

    …………………………………………………….. PHONE NO. …………………………

9. DETAILS OF PREVIOUS SCHOOL

(A) NAME OF THE SCHOOL.. …………………………………………………………………

(B) CLASS IN WHICH STUDYING.. ………………………………………………………….

10.PLEASE TICK THE RELEVANT BOX DISTANCE FROM THE SCHOOL

 0-3KMS……3-5KMS…..5-7KMS….7-10KMS…..ABOVE 10KMS…..

10A.TRANSFER CASE YES….NO…..SINGLE PARENT YES….NO….

10B.CHILD WITH SPECIAL NEEDS YES….. NO……GIRL CHILD……FIRST CHILD……

 10C. MINORITY COMMUNITY YES….NO……

11. IS SCHOOL TRANSPORT REQUIRED(ONLY ON EXESITING ROUTE) YES…….NO……..

12. SIBLING (REAL BROTHER/SISTER ONLY) YES……NO…….

NAME……………………………………CLASS………………..SECTION ……………ADMN. NO……..

13.SCHOOL ALUMNI FATHER…YES……NO…….YEAR……….MOTHER…YES……NO…….YEAR………..

A C K N O W L E D G E M E N T

NAME …………………………………………………………..CLASS …………………………………

REGN. NO. …………………………............. DATE OF ADMISSION TEST ……………………………………………

ADMISSION IN-CHARGE

PLEASE SIGN. THE DECLARATION OVERLEAF

Declaration :

1. I hereby certify that the date of birth & spellings of the name of my child given in this form are correct to the best of my knowledge and shall not make any request for changes in either.
2. I hereby certify that in case I do not claim the Caution Money paid by me for a period of one year after my ward leaves the school, the amount may be treated as a donation to the school and my right over the refund of this amount will stand relinquished by me.
3. I understand that rendering false or misleading information or withholding correct information may disqualify the child for admission in this school.
4. I certify that I am the bonafide guardian of the child.
5. I hereby certify that my ward and myself shall follow all the rules, regulations & procedures laid down by the school from time to time.
6. I hereby put my signatures to confirm the above declarations.

Signature of Applicant

Date : -----------------------

Place: -----------------------