S.No:

Present School

Transport Required

Yes ☐ No ☐

PRE-REGISTRATION FORM

Academic Year: ☐

Date of Registration: ☐☐ ☐☐ ☐☐☐☐
M M D D Y Y Y Y

Class:

NUR	UKG	I	II	III	IV	V	VI	VII	VIII	IX

STUDENT INFORMATION

Name: First Name ☐ Surname ☐

Gender: Male ◇ Female ◇ Date of Birth: ☐ ☐ ☐
M M D D Y Y Y Y

Father's Name: .....

Mother's Name: .....

Residential Address: .....

..... Pin: .....

Mobile No: ☐☐☐☐☐☐☐☐☐☐ Email: .....

Occupation:

Father:.....

Mother:.....

Parent / Guardian Signature:.....