



SHALOM
PRESIDENCY SCHOOL
BE. BELONG.BECOME.

REGISTRATION

Photo
(Child)

Regn No. _____

- Please register my Son / Daughter / Ward in Class _____ for the year _____
- Name (in Block Letters) _____ Sex _____
- Date of Birth _____ Place of Birth _____ Mother Tongue _____
- Nationality _____ Medical History _____
- Religion _____ Whether member of Scheduled Caste of Tribe (if yes, attach proof)
- Last School Attended _____ Class _____

Brothers / Sisters

Name	Age	Institution in which studying

Details of Father

- Name
- Qualification
- Occupation
- Designation
- Approx, Annual Income ₹
- Complete Address of Place of work
.....
.....
- Phone
- E-mail

Details of Mother

- Name
- Qualification
- Occupation
- Designation
- Approx, Annual Income ₹
- Complete Address of Place of work
.....
.....
- Phone
- E-mail

- Residential Address _____
_____ Phone : _____
- Source of information _____

I Certify that the above particulars given by me are true and I agree to abide by the rules of the school.

*Seats are reserved for SC / ST / OBC.

Yours faithfully

Please Submit :

1. Three Thumb size Photographs of child.
2. Date of Birth Proof.
3. Proof of Residence.
4. Medical Fitness Certificate.

Date _____

Admission Incharge _____

Parent/Guradian _____