

To,
The Principal
ST. ANDREWS SCOTS SCHOOL
(Govt. Recognised)
G-26, Street No. 17, Jagat Puri,
Delhi-110051
Tel: 011-22541077, 22459499

Year 20 to 20.....

FATHER

MOTHER

STUDENT

APPLICATION FORM FOR REGISTRATION/ ADMISSION

No.

(For Office Use Only)

Registration for Class _____

1. Name of the Student (in BLOCK LETTERS) _____

2. Date of Birth: Date Month Year

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(in words) _____

3. Gender: Male Female

4. SC/ST/OBC: Yes No

} **Tick the appropriate box**
Enclosed Proof

5. Class for which admission is sought _____

6. Father's Name (in Block Letters) _____

Official Address (if any): _____

_____ Occupation _____

Office Tel. No.: _____ Designation: _____

Mob.: _____ E-mail Id _____

Educational Qualification: _____

7. Mother's Name (in Block Letters) _____

Official Address (if any): _____

_____ Occupation _____

Office Tel. No.: _____ Designation: _____

Mob: _____ E-mail Id _____ Educational Qualification: _____

8. Residential Address _____

9. Is the School Transportation required? **Yes** **No**

10. Medical information: Does the child have some special needs?

If yes, give details _____

Sibling (Real Brother/Sister only)

(Tick the appropriate)

If sibling in the same school

Yes

No

Give detail of sibling

Sibling Name _____

Class & Section _____

Child who is physically challenged

Yes

No

a) Distance from the school (Tick the appropriate)

0-1 KM

1-3 KM

Beyond 3 KM

11. Please register my son/daughter/ward named above in your school I shall produce the requisite documents at the time of admission:

Signature

Undertaking

I _____ father/mother of _____ hereby

Declare that information given above by me is based on facts and authentic records. Admission of my child may be cancelled if any information is found to be false

Signature

(Enclose attested photocopies of the documents, original will be checked at the time of admission)

Acknowledgment

Received with thanks from _____ F/O, M/O _____

Form No. _____ Class _____ Date _____

Signature & Stamp