For office use only

Admissions Approved By:

Name: _____

Date: _____



REGISTRATION FORM

(To be filled by Parent / Guardian of Child)

This is a registration for entrance exam. We kindly request you to carefully complete this form. Submitting the form is not a confirmation of seat. Parent will be informed about the date of entrance exam within 2-3 working days.

STUDENT INFORMATI	ON			
Full Name of the Student: [BLOCK LETTERS only]				
Date Of Birth: D D M	MYYYY	Gender: M] Nationality:	
Current Residential Address	s:			
	Grade 1	Grade 2	Grade 3	Grade 4
Seeking Admission for:	Grade 5	Grade 6	Grade 7	Grade 8
	Grade 9	Grade 10	Grade 11	Grade 12
Previous School:				Grade:
Name of sibling(s) currently Grade: Grade:				
PARENT/GUARDIAN I	INFORMATION			
Mother's Name:			1	Mobile:
Father's Name:			1	Mobile:
Guardian's Name:			1	Mobile:
e-mail:				



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<u>Checklist:</u>

Registration Form Received	Date: D D M M Y Y Y Y			
Registered For Exam				
Sat for Entrance Exam	Date: D D M M Y Y Y Y			
Paper Given for Marking	Date: D D M M Y Y Y Y Teacher's Name:			
Admission Kit Given	Date: D D M M Y Y Y Y			
Admission Form Received	Date: D D M M Y Y Y Y			
Security Deposit Paid	Date: D D M M Y Y Y Y			
Registration Fee Paid	Date: D D M M Y Y Y Y			
Class, Session Confirmed and Informed	Date: D D M M Y Y Y Y			
Uniform Given	Date: D D M M Y Y Y Y			
Other Materials Given	Date: D D M M Y Y Y Y			
School Video Presentation by Principal	Date: D D M M Y Y Y Y			
Curriculum Presentation by Coordinator	Date: D D M M Y Y Y Y			
Meeting with Coordinator Arranged	Date: D D M M Y Y Y Y			
Student's 1st Day in School	Date: D D M M Y Y Y			
Received By:				
Name:	Sign: D M Y			