



Serial No. : \_\_\_\_\_  
Registration No. : \_\_\_\_\_  
Date of : \_\_\_\_\_  
Date of Submission : \_\_\_\_\_

## REGISTRATION FORM

Year \_\_\_\_\_

Class applied for \_\_\_\_\_

1. Name of the Child \_\_\_\_\_

2. Date of Birth (DD/MM/YY) \_\_\_\_\_

3. Age as on 01st August 2011 \_\_\_\_\_

### 4. Parents Details

#### FATHER

#### MOTHER

a) Name	_____	_____
b) Age	_____	_____
c) Educational Qualifications (Institute/School/College)	_____	_____
d) Occupation	_____	_____
e) Interests	_____	_____
f) Contact Phone No.	_____	_____
Office	_____	_____
Residence	_____	_____
Mobile	_____	_____
E-mail	_____	_____

5. Current Home Address \_\_\_\_\_

6. Permanent Home Address \_\_\_\_\_

7. No. of Siblings Age/Ages \_\_\_\_\_

8. Names of the school if attending \_\_\_\_\_

9. State some of your child's strengths \_\_\_\_\_  
\_\_\_\_\_

10. If given a chance what is that one thing you would like to change about the present education system?  
\_\_\_\_\_

11. What are the three things which you do on a daily basis as a family?  
\_\_\_\_\_

12. How do you spend time with your child and how much? \_\_\_\_\_

a) Mother \_\_\_\_\_

b) Father \_\_\_\_\_