

BLUE BELLS PUBLIC SCHOOL
SECTOR-10 GURGAON

REGISTRATION FORM

(Write in Capital Letters)

Form No. _____

Registration No. _____

Please affix a
recent colour
photograph of the
child

We _____ and _____
desire to have our son/daughter / ward whose particulars are given below registered as a day
scholar on your School:

INFORMATION ON CHILD

Last Name	First Name	Blood Group

Date of birth	Date of Birth in Words	Religion

Class for which Registration is sought	Nationality	SC/ST

PERMANENT RESIDENTIAL ADDRESS:

Tel:
Fax:

CORRESPONDENCE ADDRESS:

Tel:
Fax:

Emergency Contact Telephone Numbers :

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FAMILY INFORMATION

Father's Details :

Name :
Educational Qualification :
Organization Working for :
Designation :
Annual Income :

Age :	Nationality :
Institution :	
Office Address :	
Tel. :	

Mother's Details :

Name :
Educational Qualification :
Organization Working for :
Designation :
Annual Income :

Age :	Nationality :
Institution :	
Office Address :	
Tel. :	

School :

Previous School Attended, if any : _____ (recognized/not recognized)
We promise we will submit the Birth Certificate/Transfer certificate at the time of admission.

Proof of Age : (only for Nursery & LKG)

We solemnly declare that the date of birth of the child given above is as per the Birth Certificate which is produced for verification. A certified copy is also enclosed.

Signatures :

I hereby certify that the information given in the Registration Form is complete and agree that misinterpretation or omission of facts will justify the denial of admission, the cancellation of admission, or expulsion. I have read and do hereby consent to the terms and Conditions being enclosed with the Registration Form.

Signature of Father/Guardian

Signature of Mother/Guardian

Date : _____

Reg. No. : _____

Date : _____

Name of Candidate : _____ Father Name : _____

Registration for Class : _____

Date for Interview/Test : _____ Time : _____

Signature

please bring the registration slip at the time of Interview / Test.