

0172-2626913, Sector 41-B, Chandigarh
Tel: 0172-2225486, Phase VI, S.A.S Nagar
0175 - 2373207, SST Nagar, Patiala

0183 – 222320, Nawanshahar



SHIVALIK PUBLIC SCHOOL

REGISTRATION FOR DAY SCHOOL

Branch _____

Admission Sought to Class _____

(Please register the name of my son/daughter/ward for admission to the school)
(For Office Use)

Registration Form No. _____

Call No. _____

1. Name of the pupil: _____
2. Date of Birth : Day _____ Month: _____ Year : _____
(In Words): _____
Age as on 31st March, 2012 _____
3. Father's/Guardian's Name _____
Academic qualification : _____ Occupation : _____ Designation : _____
4. Mother's Name _____
Academic qualification : _____ Occupation : _____ Designation : _____
5. Permanent Address : _____
_____ Tel./Mob. _____
6. Office Address _____
_____ Tel./Mob. _____
7. Nationality of the Child : _____
8. Whether belongs to (SC/ST/OBC/General) _____
9. Name of the previous Education Board: _____
 - (a) Whether the previous school was recognized: Yes/No
 - (b) Present Class as shown in the Transfer Certificate _____
 - (c) Medium of instruction in last school _____

The registration fee of Rs 200/- (Non refundable/Non transferable) is paid herewith and I understand fully that this fee for registering the name of my child/ward does not guarantee the admission.

Date: _____

Parent's/Guardian's Signature