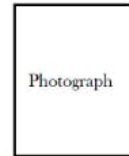


Date:...../...../20.....
 Application No:.....



APPLICATION FOR REGISTRATION

APPLICANT'S INFORMATION									
First Name					Middle Name			Family Name	
Date of Birth	Date		Month		Year		Place of Birth		
Present School	School Name, Address & Telephone								
Other Schools Attended (Since age 5)	School Name, Address & Telephone								
Particular academic strengths (Please specify subjects of interests: interest & activity.)									
Other interests eg. Art, Music, Sport (Please specify standard & interest)									
Any academic difficulties: e.g. dyslexia									
FAMILY INFORMATION									
Father		Name				Educational Qualifications			
Profession									
Father's contact number & email id		Mobile				Email			
Mother		Name				Educational Qualifications			
Profession									
Mother's contact number & email id		Mobile				Email			
Permanent Address (Home)									
Telephone (R) with Area Code		Phone				Fax			
Address for Correspondence									
Telephone (R) with Area Code		Phone				Fax			



Adarsh Educational Campus,
 Nakane Road, Deopur-Dhule



Siblings of applicant (including name, school & age)							
Name & Addresses, contact numbers & email ids of 2 Referees							
Relationship to Past or Present Student							
1. Name				Relationship			
School No.	House		Year of Joining		Year of Leaving		
2. Name				Relationship			
School No.	House		Year of Joining		Year of Leaving		
UNDERSTANDING							
I understand and agree that the registration of my son/ward does not guarantee admission to the school and that the registration fee is neither transferable nor refundable.							
Signature							
Name							
Relationship							
Date							
More Info about Child or Family :							
FOR OFFICE USE ONLY							
Application Received On				REMARKS			
Registration fee received by: demand draft, cheque or online payment							
Receipt Number		Date					
Registration Number	DS						
Notes: for office use only:							