

Sr. No.....

Registration No. _____

Admission No. _____



TARA CONVENT SCHOOL

TARA ESTATE, NEAR SDM RESIDENCE, MALERKOTLA

Affiliated to CBSE (1630749)

REGISTRATION / ADMISSION FORM

Instructions to fill the form.

*Write the name in Capital Letters

*Please give the complete and correct information.

*A Xerox copy of the original birth certificate from Municipal corporation must be attached in case of first admission to nursery class

Affix here latest
passport size photo
of your child

1. Name of the child (BLOCK LETTER).....

2. Class to which admission is sought.....

3. Sex.....Caste.....

4. Date of Birth (In figures).....

(in words).....

5. Place of Birth..... Nationality.....

6. Adhar Card No..... E-ID..... UIDAI.....

7. Last School attended.....

8. Address :

Permanent

Postal

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Telephone (Resi).....

(Mob.).....

9. Detail about Parents

Father

Mother

a) Name.....

b) Edu. Qualification

c) Occupation (Tick Mark)

i) Service.....

ii) Business.....

iii) Self employed.....

iv) Exact designation.....

v) Address (official).....

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vi) Telephone No.....

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10. Details about Children

i) No. of brothers/sisters (including the child)

ii) Detail of school going children

Name	Class	School	Admission No. (if in this school)
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iii) In case your child is admitted what kind of transport would he/she use for coming to school.

a) Will you make your own arrangement?

OR

b) School Transport.....if yes mention boarding point.....

Certified that above particulars are correct.

Signature of Parent/sGuardian
(In case of guardian, please Indicate exact relation)

Dated.....

P.S. Merely registration of your child with the school does not guarantee admission.
Registration Fee is non-refundable.

RECOMMENDATION OF THE ADMISSION COMMITTEE

This pupil is fit/not fit for admission to class.....

Signature of Members of Admission Committee	Result of Pre-Admission Test
	Sr. No. Subject% of marks obtained
1.....	
2.....	1. English.....%
3.....	2. Science.....%
	3. Mathematics.....%

Admitted/Not Admitted

O. Supdt. Principal

FOR OFFICE USE ONLY

Receipt No.....Amount.....

Date..... Fee Assistant.....