ALPINE CONVENT SCHOOL

ADMISSION /REGISTRATION FORM

PHOTO

AADHAR No. | | | | | | | | | | | | |

BLOCK LETTER ONLY

NAME OF THE PUPIL

SEX ..... DATE OF BIRTH ..... CATEGORY .....

FATHER'S NAME SHRI

MOTHER'S NAME SMT

FULL ADDRESS OF FATHER /MOTHER .....

.....

.....

TELEPHONES : OFFICE ..... RESIDENCE .....

CLASS IN WHICH SEEKING ADMISSION ..... YEAR .....

CLASS AND SCHOOL STUDYING AT PRESENT .....

ACADEMIC ATTAINMENT OF PUPIL .....

(GAMES, HOBBIES ETC.)

NAME AND ADDRESS OF THE RESPONSIBLE PERSON KNOWN TO THE PARENTS :

1. NAME .....

ADDRESS .....

.....

.....

I have read the rules of ..... and agree to abide by them. If inspite of normal precautions taken by the school, any mishap, accident or injury takes place during the period of my ward's Stay in the school or if and when he/she joins tour, excursion or camp, I will not hold the instituton or any member of its staff wholly or partly responsible for it.

Date .....

Counter Clerk Sign. Signature of Principal Signature of Parents/Guardian

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FOR CLASS TEACHER

Date ..... Index No. .....

Master/Miss .....

Father's Name & Address ..... Phone .....

Admitted to Class ..... Date of Birth .....

Dues Realisied Rs. ..... Receipt No. .....

..... Dated .....

Counter Clerk Principal