



Shah International School (Sr. Sec.)

Kanshi Ram Shah Marg, Ambica Vihar, Paschim Vihar, New Delhi-87
(www.shahinternationalschool.in)



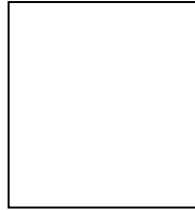
REGISTRATION FORM

(To be filled in Block Letters)

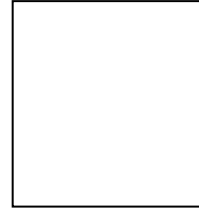
LATEST PHOTOGRAPHS

Form No. _____

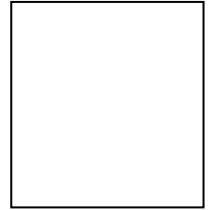
Date of issue _____



Father



Mother



Child

1. Name of the Student _____

2. Age (as on 31.03.2021) _____

3. Date of Birth _____

Date

Month

Year

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4. Sex: Male Female

5. Mother Tongue _____

6. Class to which admission is sought _____ Last School attended _____

7. Father's Name _____

Profession _____ Designation _____

Office Address, if any _____

Residential Address _____

Tel. No. (Res.) _____ Off. No. _____ Mob. No. _____

8. Mother's Name _____

Profession _____ Designation _____

Office Address, if any _____

Residential Address _____

Tel. No. (Res.) _____ Off. No. _____ Mob. No. _____

9. Distance from your Residence to School _____ (km)

10.(a) No. of Sibling(s) studying in our school (Real brother/sister only)

Name of the sibling

Class

Section

(b) No. of Sibling(s) studying in other school

Name of the sibling

Class

Name of the school

11.(a) Whether parent is an alumni Yes No

(b) If yes, class _____ Passing year _____

12.Documents required to be attached

(a) Two recent passport size photographs of the child and one each of the both parents

(b) Photocopy of Aadhaar Card/Pan Card/Driving Licence

Mother

Father

Child

(c) If sibling in same school (I-Card photocopy)

(d) Photocopy of the Birth Certificate

13.Medical information: Does the child have some special needs? Yes/No

If yes, give details _____

14. Please register my son/daughter for admission to class _____ for the academic session _____
I shall produce all the required documents in original for verification, when called for.

Father's Signature

Mother's Signature

UNDERTAKING

I _____ father/mother of _____ have understood that the admission, if granted, shall be void/ cancelled, if the information/ or part thereof, is wrong and false.

Signature

Date of submission _____

Enclosed self attested photocopies (with verifiable signature) of the documents, original will be produced at the time of admission, if granted.

(TO BE FILLED BY THE OFFICE)

1. Class to which the student has been admitted _____

2. Section _____

3. Admission No. _____

Signature: _____

Date: _____