



SCHILLER INSTITUTE SR SEC. SCHOOL

(Affiliated To C.B.S.E.. New Delhi)

REGISTRATION FORM

R S NO. _____

Date : _____

Affix Student's Photograph here
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Affix Student's Photograph here
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Affix Student's Photograph here
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1. Particular of the Applicant (to be filled in BLOCK Letters)

Class applying for session: _____

First Name		Middle Name		Last Name	
Date of Birth					
Date of Birth in Words					
Present Age (Year & Month)				Blood Group	
Gender : Male / Female				Nationality	
Nationality					
Previous school attended (Which Class)		Year		Result (%) / CGPA	
Previous school affiliating body					
Present Residential Address					
Pin Code		Mobile			
Telephone		E-Mail			
Permanent Address					
Pin Code					
Hobbies					

2. Father's Particular

First Name		Middle Name		Last Name	
Academic Qualification with names of the institutions attended					
Occupation					
Designation					
Official Address					
Pin Code		Mobile			
Telephone		E-Mail			
Number of hours spent every day with the child					
Hobbies					

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SCHILLER INSTITUTE SR. SEC. SCHOOL, GHAZIABAD

RS.NO.....

Entrance Test/Interview Admit Card

Date.....

CANDIDATE'S NAME.....

FATHER'S NAME.....

CLASS APPLYING FOR.....

SESSION.....

DATE OF TEST.....

TIME.....

SUBJECTS.....

SYLLABUS TAKEN.....

Sig. of Candidate.....

Sig. of Admission Incharge.....

3. Mother's Particular

First Name		Middle Name		Last Name	
Academic Qualification with names of the institutions attended					
Occupation					
Designation					
Official Address					
Pin Code				Mobile	
Telephone				E-Mail	
Number of hours spent every day with the child					
Hobbies					

4. Other particular of the family (tick whichever is applicable)

- Whether the family is join () / Single Unit () / Single Parent ()
- Number of the members in the family living together

Name	Relation to Child	Age	Education Qualification	Profession

3. Real Brother / Sister

Name	Class / Name of the school / College

5. If Father / Mother / Real Brother / Sister are Alumnus of Schiller School, please specify

S. No.	Name	Year of Passing	

1 Please tick along the relevant categories:

- General ()/ST ()/ OBC ()
 - Private job ()/Government job () Business Owner ()
- (Appropriate certificate for relevant category would be required at later stage)*

2 Mention if the child is suffering from any disease:

CERTIFICATE FROM THE PARENTS

I hereby certify that the above information provided by me/us is correct and I understand that if the information is found to be incorrect or false, the ward shall be automatically debarred from selection/admission process. I also understand that the application/registration/short listing does not guarantee admission to my word. I accept the process of admission undertaken the school and I will abide by the decision taken by the school authorities.

Date:

Place:

Parent's Sign

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REQUIRED DOCUMENTS MUST BE ATTACHED WITH THE ADMISSION FORM:

CLASS	TESTIMONIALS
PRE NUR, NUR, LKG, PREP. I	LAST YEAR SCHOOL REPORT CARD,4 COLOURED PASSPORT SIZE PHOTOGRAPHS OF STUDENT, ONE PHOTO OF EACH PARENT, PHOTOGRAPH OF BIRTH CERTIFICATE WITH OR AFFIDAVIT, ADDRESS PROOF, ORIGINAL T.C.
II TO IX	4 COLOURED PASSPORT SIZE PHOTOS OF STUDENT, ONE PHOTO OF EACH PARENT, ORIGINAL REPORT CARD, ORIGINAL TRANSFER CERTIFICATE, ADDRESS PROOF
XI	4 COLOURED PASSPORT SIZE PHOTOS OF STUDENT, ONE PHOTO OF EACH PARENT,2 PHOTOCOPIES OF X MARK SHEET,2 PHOTOCOPIES, 2 PHOTOCOPIES OF X PASS CERTIFICATE, CHARACTER CERTIFICATE ,ADDRESS PROOF, MIGRATION CERTIFICATE