

New GALAXY PUBLIC SCHOOL



M:- 9999615257, 9971654509, OFF 9266615257
ADD: PLOT NO-04, BLOCK-E QUTUB VIHAR PH-1 NEAR DWARKA SEC.19 NEW DELHI-110071
n.galaxypublicschool@gmail.com

REGISTRATION FORM
(TO BE FILLED IN CAPITAL LETTERS)

REGISTRATION NO :

SESSION :

ENROLMENT FOR CLASS:

Passport Size
Photo Of
Student

Passport Size
Photo of
Father

Passport Size
Photo Of
Mother

PERSONAL DATA OF STUDENT

First Name _____ Middle Name _____ Last Name _____

Date of Birth (DDMMYYYY) Age As On 31st March 20__ Years Months Days

Gender : Male Female Nationality _____ Religion _____

Minority Community (Specify) _____

Present Address _____ Permanent Address _____

Ph: No. _____ Mob _____

PARENTAL INFORMATION

Details	Father	Mother	Guardian
Name			
Date of Birth			
Qualification			
Occupation			
Designation			
Annual Income			
Office Address			
Landline No.			
Mobile No.			
Email Id			

MEDICAL INFORMATION

Does the child have some special needs/any other medical issue?

If yes, give details _____

IS THE SCHOOL TRANSPORTATION REQUIRED?

Yes

No

Please register My Son/daughter/ward, name mentioned above In Your School, I shall produce the requisite documents at the Time of admission

Date: _____

Father's Signature

Mother's Signature

Guardian's Signature

UNDERTAKING

I _____ father/mother/guardian of _____

hereby declare that information given above by me is based on facts and authentic records. admission of my child may be cancelled if any information is found to be false. I Accept All Rule & Regulation of New Galaxy public school.

Date: _____

Father's Signature

Mother's Signature

Guardian's Signature

IMPORTANT

1. Self attested photocopy of following documents to be submitted along with the Registration Form:
 - a. birth certificate of the child
 - b. proof of residence (any one-voter ID card/Ration card/ passport/Electricity bill/telephone bill)
 - c. copy of authenticated document in support of specific criteria in which parent is applying.

Date : _____

Principal