St. Stephen's School

Form – A

CBSE @ Togan (Near OMAXE, New Chandigarh) Ph. 7696023030, 7696093030

Photograph

Receipt No. _____ Date: D D M M Y Y Y Y

Registration No. _____

TO BE FILLED BY PARENT/GUARDIAN

WRITE IN BLOCK LETTERS.

TICK √ THE APPROPRIATE SQUARE

INCOMPLETE / ILLEGIBLY FILLED / OVERWRITTEN FORMS WILL NOT BE ACCEPTED

FULL NAME OF THE CANDIDATE

CLASS TO WHICH ADMISSION IS SOUGHT:

DATE OF BIRTH: D D M M Y Y Y Y GENDER: MALE FEMALE

SPECIAL PROFICIENCY (IF ANY) ART SPORTS DANCE MUSIC OTHER

PHYSICAL ABNORMALITY (IF ANY) _____

NAME AND ADDRESS OF SCHOOL LAST ATTENDED _____

_____

MEDIUM OF INSTRUCTION IN PREVIOUS SCHOOL ENGLISH HINDI OTHER

PARENTS' PARTICULAR

Father's Name _____ Age _____ Contact No. _____

Occupation _____

Official Address _____

Address for Correspondence _____

Mother's Name _____ Age _____ Contact No. _____

Occupation _____

Official Address _____

Address for Correspondence _____

Emergency Contact No. _____

Any other Information which you think might be relevant _____

Religion: _____ Category: Gen / OBC / SC / ST

In case admission is granted, I undertake to furnish the following

(a) Birth Certificate (Attested Copy) (b) Transfer Certificate in Original (c) Aadhar Card (Photocopy)

Does the candidate applying for admission have any brother or sister already studying in the School? If yes,

Name _____ Class _____ Year of Admission _____

I declare that the particulars furnished by me are true and correct to the best of my knowledge and that nothing has been concealed or held back.

I understand that registration does not guarantee admission to my ward(s).

I further understand that the Registration Fee is not refundable.

Date: _____ Place: _____ Signature (Parent/Guardian)_____