

REGISTRATION FORM
SPRING DALE SCHOOL & COLLEGE



Form #.....

Date :

Instructions :

- All the fields are mandatory. The form is to be filled in CAPITAL letters using BLACK INK only.
- Incomplete form will lead to rejection.
- The form has to be filled and submitted along with the following documents:
 In case of
 - Pre-primary admission - Attested copy of Birth Certificate & Hospital birth certificate.
 - Address proof (Photocopy of Voter ID/Aadhar card/Driving License/Ration Card/Passport)
 - From class I onwards - Attested copy of Marksheet of the latest examination qualified.

1. APPLICANT'S DETAILS

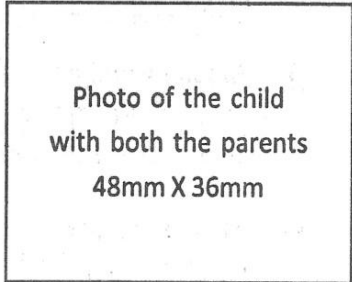
- Application for admission in Class : Session :

a) Name of the student :

First Name

Middle Name

Last Name



b) Date of Birth (as per the Birth Certificate)

c) Gender (Please tick ✓)

DD/MM/YYYY

Male Female

c) Name of the previous school (if applicable)

d) Name of Sibling, if already studying in this institution

2. PARENTS' DETAILS

a) Father's Name

Mother's Name

b) Qualification

Qualification

c) Occupation (Service/Self Employed/Business)

Occupation (Service/Self Employed/Business)

d) Name of the Current Organization

Name of the Current Organization

e) Private/Government/Multinational	Private/Government/Multinational
<input type="text"/>	<input type="text"/>
f) Designation	Designation
<input type="text"/>	<input type="text"/>
g) Monthly Income	Monthly Income
<input type="text"/>	<input type="text"/>
h) Office Address	Office Address
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
i) Contact Number	Contact Number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
j) Mobile Number	Mobile Number
<input type="text"/>	<input type="text"/>
k) Aadhar Number	Aadhar Number
<input type="text"/>	<input type="text"/>
l) E-Mail Address	E-Mail Address
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

3. CONTACT DETAILS

a) Residential Address :

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

(Address Proof Photocopy to be attached)

b) Phone Contact :	c) Relation with the student
<input type="text"/>	<input type="text"/>

4. DECLARATION

- a) We, the Parents of, hereby agree that all the details filled in this form are true to the best of my knowledge and we acknowledge the authenticity of the same.
- b) We also understand and acknowledge the matter of fact that no changes will be made in the school records once the child is admitted in the institution.
- c) We also understand that, the admission in the institution is subject to qualifying the interaction and the decision of the school authorities will be final.
- d) We assure, that we will abide by the Rules and Regulations and other necessary guidelines of the Institution throughout our child's stay in the Institution.

RF/10/2018/1000

Father's Signature

Mother's Signature