



Plot No-55 Block-D, Shyam Nagar, Kanpur U.P. (208013)
Ph.: 9005550481, 9005550482 | Email: littleone.shyamnagar@jaipuria.school
Visit: www.jaipurialittleoneshyamnagar.com

REGISTRATION CUM ADMISSION FORM

Application Form No.:

Scholar No.:

Date of Submission:

Reg. No.:

Important: Please fill all the details in CAPITAL LETTERS using black or blue pen only

DOCUMENT CHECK LIST

(1) Photograph of the child (2) Photograph of Parents (3) Birth certificate of the child (4) Photocopy of vaccination card (For Pre-Primary)

Please affix latest
Passport size
photograph in colour

STUDENT

Please affix latest
Passport size
photograph in colour

MOTHER

Please affix latest
Passport size
photograph in colour

FATHER

GENERAL INFORMATION

I/We are seeking admission in class..... Session

PERSONAL DETAILS OF STUDENT

First Name..... Middle Name..... Surname.....

Date of Birth..... Age as on March 31st, 20__ __ Years..... Months..... Days.....

Nationality..... Religion..... Sex.....

Do you belong to Gen./SC/ST/OBC/EWS/Disabled/Single Girl Child (Attach certificate if applicable).

GEN SC ST OBC EWS Disabled Single Girl Child

Permanent Address.....

..... City..... Pincode.....

Home Tel. No..... Mobile..... E-mail.....

Mailing Address.....

..... City..... Pincode.....

Mother Tongue..... Home Town.....

Aadhar Card No..... Blood Group of the child.....

HEALTH INFORMATION (if any)

Allergy / Chronic ailment.....

Any other health problem.....

DETAILS OF PARENTS / GUARDIANS

1.	Full Name (in Capital Letters)	Mother	Father
2.	Age	Mother	Father
3.	Nationality	Mother	Father
4.	Educational Qualifications	Mother	Father
5.	Occupation	Mother	Father
6.	Designation	Mother	Father
7.	Annual Income	Mother	Father
8.	Office Address	Mother	Father
9.	Tel. No. (O)	Mother	Father
10.	Mobile & Email ID	(Mob.)	(Mob.)
		(Email)	(Email)
11.	Local Guardian (If applicable)	Relation with child	Contact Details
		Address	

If parents are divorced, living separately or widowed, with whom is the child living?

.....
 Name & Address of the previous school with Class (if applicable)

No. & date of T.C. issued by previous school with status of result:

BROTHERS / SISTERS

Name	Age	School	Class	Mention the branch if studying in Seth Anandram Jaipuria School

TRANSPORT

Transport Facility required: Yes No Staff Child: Yes No

Approximate distance from school *Please note: Transport Facility is subject to availability*

I hereby declare that the above information furnished by me is correct to the best of my knowledge & belief, if any information or document supplied by me is found to be incorrect, I will be responsible for the same. I shall abide by the rules of the School.

Date

Place

.....
 Thumb Impression / Signature of Mother

.....
 Thumb Impression / Signature of Father

Headmaster/Headmistress 's Remark:

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