

(TO BE FILLED IN BY PARENTS ONLY)
NEO CONVENT SR. SEC. SCHOOL
G-17, AREA, PASCHIM VIHAR, NEW DELHI-63
Our Website : www.neoconventschool.com

REGISTRATION FORM FOR PRE-SCHOOL/LKG
SESSION 2021-22
(TO BE FILLED IN OWN HANDWRITING BY PARENTS)

Paste photo
of the child

Reg. No _____
(To be filled by the School)

Registration for Class **L.K.G./PRE-SCHOOL**

1.* Name of the Student (in block letters) _____

2.* Date of Birth (**Between 01.04.2017 to 31.03.2018**)

Date	Month	Year

(In words _____)

3.* Sex: Male Female

(Please tick the appropriate one)

4. Student's Aadhar No. _____ (12 digit)

5. Class for which admission sought **L.K.G. /PRE-SCHOOL**

6. Details of previous school attended by the child if any:

School: _____

Year of joining _____

Year of leaving _____

7.* Father's/Guardian's Name (In block letters) _____

In Govt/Pvt.Service /Self employed/Unemployed_____

Profession/Designation _____

If In Service Job Transferable or not _____

Serving in Defense/Para military Services _____

Office Address if any: _____

Father's Qualification : _____

Annual Income : _____

Residential Address: _____

- Tel.No. [Residence] _____ Office Tel.No. _____
Mobile No. _____
- Father's Aadhar No. _____ (12 digit)
E-mail _____
Category – General/SC/ST/OBC) – Attach proof.
8. * Mother's Name (In block letters) _____
In Govt/Pvt.Service/Self employed /Unemployed _____
Profession/Designation _____
If In Service Job Transferable or not _____
Serving in Defense/Para military Services _____
Office Address if any: _____
Mother's Qualification : _____
Annual Income : _____
Residential Address: _____
Tel.No. [Residence] _____ Office Tel.No. _____
Mobile No. _____
Mother's Aadhar No. _____ (12 digit)
9. Place of Residence- Govt./Govt. approved colony as per master plan/others
[Tick the appropriate]
10. Are you in a position to provide safe transportation to the student
to and from the school? Yes No
11. * Medical information: Is the child suffering from any
serious/chronic disease/disability : Yes / No
(Admission will be subject to submission of medical fitness
certificate by a Registered Medical Practicenor)
12. * Religious/Linguistic Minority _____
[Please specify Minority]
13. * Sibling (Real brother/Sister only)
No. of brothers/sisters _____ brothers/ _____ sisters
If sibling in the **Same School** Sibling Name _____
Give Details of siblings Class /Sec. _____
14. School Alumni [Tick the appropriate] Father Yes No
(Only Class XII pass outs)
(If yes tick the appropriate) Mother Yes No

15. Record of parents providing services towards betterment of society.

(Use a separate sheet if required)

16. Perspective towards School & School education

(Use a separate sheet if required)

*** fields are mandatory**

Please register my son/daughter/ward named above in your school, I shall produce the original requisite documents at the time of admission.

Signature of Father _____ Signature of Mother _____

Please enclose Self Attested Photocopies of the applicable documents. Original will be checked at the time of admission.

Incomplete form will be rejected.

1. Birth Certificate of the child issued by M.C.D/appropriate authority.
2. Aadhar Card of the child
3. Certificate of previous school (if applicable)
4. Residential Proof.
5. If child is suffering from any chronic disease/disability then attach a copy of records.
6. Proof of being a member of Religious/Linguistic Minority
7. Proof of being an Alumni of school –class XII certificate only
8. Proof of being a single parent (if applicable).
9. Proof of profession
10. Proof of record of parents providing services towards betterment of society.

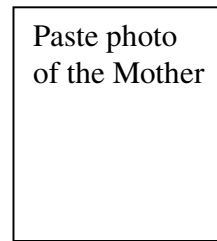
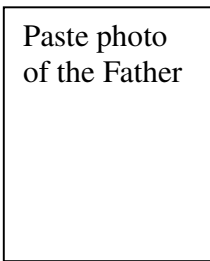
Fields marked with * are **Mandatory.**

The School reserves the right to reject forms if found incomplete, illegible, overwritten, soiled or torn, or with wrong information.

UNDERTAKING

I _____ (Name) Father/Mother of

_____ (Name of the Child) hereby declare that the information given above is true and correct to the best of my knowledge and belief. I have read and understood all the provisions of the notification in this regard. In case any information is found false or incorrect on verification, the admission of my ward may be cancelled. In the event of our child being granted admission in the school, I/we guarantee to pay the fees as charged by the school during the year/s.



Signature of Father _____

Signature of Mother _____

Dated :

Our Website:

www.neoconventschool.com