

Form Serial No.:

Registration No.



Mount Litera Zee School Derabassi

REGISTRATION FORM

Session 20 -

Affix a recent
passport sized
colour photograph
of the Child

(Please fill the Form in capital letters only)

- How did you learn about the opening of Registrations at Mount Litera Zee School.
Advt. Website Pre-School Friends Other
- Name of the Child: _____ M F
- Date of Birth (dd/mm/yyyy):
- Age as on 31st March 20 : Years Months Days Blood Group: _____
- Admission sought in Class (in words): _____
- Nationality : _____ Domicile of : _____
- Admission Category : GEN EWS Others (please specify) _____
- Is your Child suffering from any Chronic Disease / Illness / Allergy / disabilities which the school should be aware of _____
- Residential Address (Local Address) House No. / Plot No.: _____
Locality : _____
City : _____ State: _____ Contact No. _____
- Distance from the School in kms: _____

Please fill in the following:	Mother	Father
Name:		
Age:		
Academic Qualification:		
Profession:		
Organisation:		
Designation:		
Office Address:		
City/State		
Office & Mobile No.:		
E-mail:		

a) Other Details: Kindly fill this if applicable

Current School: _____ Current Class: _____

Medium of instruction of School: _____ board of Affiliation: CBSE/ICSE/IB/Others _____

School Address _____

b)

Class	Exam	Overall %/Grade

c) Whether any Sibling/s (Real brother / Sister) who have applied or studying at MLZS

If yes,

Name of the Child	Admission No.	Class	Section

UNDERTAKING

I / We hereby certify that the information is correct to the best of my / our knowledge and belief. Further, I / We fully understand that if any information is found to be false / incorrect, the admission of my / our ward will stand cancelled. I / We also understand that the application for registration does not guarantee admission to my / our ward. If my / our son / daughter is selected for admission, we hereby agree and give consent to abide by the rules and regulations for school as applicable now and as amended from time to time.

Affix a recent
passport sized
colour photograph
of the Mother

Affix a recent
passport sized
colour photograph
of the Father

Affix a recent
passport sized
colour photograph
of the Guardian

Mother's Name _____

Father's Name _____

Guardian's Name _____

Signature _____

Signature _____

Signature _____

FOR OFFICE USE ONLY

Admission order by the Head of the School

Admitted

Not Admitted

Class _____

W.E.F. _____

Enclosures to be submitted along with the Registration Form

Notes:

- Please attach photocopy of the following supporting documents:
 - Birth Certificate of the Child. (Issued by the Municipal corporation or any competent authority)
 - Proof of Residence. (Passport / Voter ID / electricity Bill / Ration Card).
 - Proof of Sibling if studying at MLZS (Wherever Applicable).
 - Final Progress Report of the previous class and the recent Progress Report of the Current Class. (Wherever applicable).
- Two recent passport sized photographs of the Child and each Parent to be submitted.
- Short-listed students will be informed by Post / Telephone / Email.
- Incomplete forms are liable to be rejected without any intimation.

Signature of the Head of the School



Kinder Garten Pre School

Mubarikpur Road, Sundra, Derabassi

(ADMISSION FORM)

Session _____

Admission No. _____

Class _____

STUDENT

FATHER

MOTHER

1. Name of Student _____

2. Date of Birth

(in words) _____

3. Mother's Name _____

4. Father's Name _____

5. Father's Occupation _____ Mother's Occupation _____

6. Father's Qualification _____ Mother's Qualification _____

7. Family Income. Per Month (Confidential) Rs. _____

8. Postal Address _____

Phone _____ Mobile _____ email _____

For Class Teacher :

Admission No. _____

Master / Miss _____ S/o / D/o _____

Address _____

Admitted to Class _____

Principal

9.Name of the institution last attended _____

10.Whether belonging to S/C/ST/BC/OBC

(Refers to Economically Weaker Section (Income less than Rs. 1,00,000/- per annum)

11.Name of real Brother and Sister studying in this School _____

Name of Student _____ Class _____

12.Special interest of the child : 1. _____ 2. _____

13. Medical History of the child

Any Allergic Disease _____

Any Kind of Special child _____

Any Kind of Disability _____

Any Allergy to Medicine _____

I do hereby allow my child to attend the field trip as arranged by the school there and then and I shall not hold the school authority/management responsible for any mishap during the trip.

I certify that the above particulars are true to my knowledge and if at any time they are found to be incorrect, my child's name may be removed from the school rolls & we will not claim any refund from the school.

Document to be attached with this form :

1. Photographs (one each of Parents & Child Passport size separately)
2. Residence Proof
3. Transfer Certificate
4. Report Card of last attended School

Principal Signature

Parent / Guardian