

Registration No.

Form No.: \_\_\_\_\_



# SALWAN PUBLIC SCHOOL

Sector C-7, Trans Delhi Signature City (Tronica City),  
Ghaziabad U.P.-201102. Call: +91 - 8826194354 & 9971909310  
Website: [www.spstronica.in](http://www.spstronica.in) Email: [spssignaturecity@salwanschools.com](mailto:spssignaturecity@salwanschools.com)

**(All details to be filled in BLOCK LETTERS)**

Please affix latest  
Passport size  
photograph in colour  
**CHILD**

Please affix latest  
Passport size  
photograph in colour  
**FATHER**

Please affix latest  
Passport size  
photograph in colour  
**MOTHER**

**Registration for admission to class \_\_\_\_\_ for the academic session 2019-2020**

**Particulars of the child:**

1. Name of the Child: \_\_\_\_\_ Gender: Male  Female:

2. Date of Birth: 

D	D	M	M	Y	Y	Y	Y
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 Aadhar No.: \_\_\_\_\_

3. Age as on 31<sup>st</sup> March 2019: Years  Months  Blood Group:

4. Residential Address: \_\_\_\_\_  
\_\_\_\_\_

5. Nationality : \_\_\_\_\_

6. Languages spoken at home: \_\_\_\_\_

7. Number of members in family: \_\_\_\_\_

**8. Parent Information:**

	<b>Father</b>	<b>Mother</b>
<b>Name</b>		
<b>Academic Qualifications</b>		
<b>Telephone No. (Residence)</b>		
<b>Mobile Number</b>		
<b>E-mail Address</b>		
<b>Occupation</b>		
<b>Designation</b>		
<b>Office Name &amp; Address</b>		
<b>Telephone No. (Office)</b>		
<b>Annual Income</b>		

9. In case both parents are working, what is the support system at home? \_\_\_\_\_

\_\_\_\_\_

10. Has your child been enrolled in any School/Pre-school in the previous academic year?(Yes/No.)\_\_\_\_\_

If yes, mention the name of the school and the class in which he/she was enrolled: \_\_\_\_\_

\_\_\_\_\_

11. Do you belong to Gen. Cat./SC/ST/OBC? (Yes/No.)\_\_\_\_\_

If yes attach certificate.

12. Please indicate(✓) if you require transport facility for your child: Yes  No

**13. Sibling Information:**

	<b>Sibling 1</b>	<b>Sibling 2</b>	<b>Sibling 3</b>
<b>Name</b>			
<b>Age</b>			
<b>Gender</b>			
<b>Current School</b>			
<b>Current Class</b>			
<b>Have you also applied for sibling's admission?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

14. What are your expectations from the school?

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15. Please share something special about your child.

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16. How can you collaborate with the school for the betterment of your child and the school?

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17. How did you come to know about Salwan Public School, Ghaziabad?

Newspaper      Online Search      Social Network      Hoardings      Word of Mouth

Others (Please Specify) \_\_\_\_\_

### 18. Registration Form Checklist:

The registration form should be duly filled and submitted along with the **self-attested photocopies** of the following documents to the school office.

- ✓ **One passport size photograph of the child & each parent.**
- ✓ **Birth Certificate issued by the Municipal Committee/Municipal Corporation.**
- ✓ **Residence proof.**
- ✓ **Aadhar Card of Parents & Child.**
- ✓ **Immunization Card.**
- ✓ **SC/ST/OBC Certificate (if applicable).**
- ✓ **Report Card of last examination passed (if applicable).**

#### Undertaking from the parent

- a. I hereby certify that the above information is accurate to the best of my knowledge and belief. I understand that if any part of it is found to be incorrect, this application will be cancelled.
- b. I fully understand that the school, on accepting the registration form of my child, is not bound to grant admission.
- c. I agree that the decision of the school administration regarding grant of admission will be final and binding on me.
- d. I understand that the school transport will be provided on specified routes/stops only.
- e. I acknowledge that the registration fee is non-refundable.
- f. I agree to follow and ensure that my child abides by all the rules, regulations and procedures laid down by the school from time-to-time.

Name of Mother: \_\_\_\_\_ Signature of Mother: \_\_\_\_\_

Name of Father: \_\_\_\_\_ Signature of Father: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Please log on to our website: **www.spstronica.in** for admission related updates.

#### FOR OFFICE USE ONLY

Received By : \_\_\_\_\_ Date \_\_\_\_\_

Date of Interaction : \_\_\_\_\_

Office : \_\_\_\_\_

Signature: \_\_\_\_\_