Mount Princeton School

Moulding Young Minds

Sangakpham, Heingang Road, Imphal East, Manipur – 795002 +91-7640952745
mtprinceton593@gmail.com

Form No.:

CHILD REGISTRATION FORM

Academic Session

20___ – 20___

Student's Recent photo

A. DETAILS OF THE STUDENT (IN BLOCK LETTERS) Registration sought for class:

First name | Middle name | Last name

Date of birth (D D M M Y Y Y Y) | Place of birth | Gender: Male ☐ Female ☐

Height (cm) | Weight (Kg) | Blood Group | Language(s) known

Present address

Pin code:

Permanent address

Pin code:

Child stays/lives with

☐ Mother ☐ Father ☐ Other (Please specify)

B. FAMILY DETAILS (IN BLOCK LETTERS)

Father's/Guardian's name:

Contact No. e-mail id:

Qualification: Occupation:

Office address:

Father's/Guardian's Recent photo

Mother's/Guardian's name:

Contact No.: e-mail id:

Qualification: Occupation:

Office address:

Mother's/Guardian's Recent photo

EMERGENCY CONTACT DETAILS

In the event, when the parents/guardian cannot be reached, the school will call the people listed below:

People listed below should be individuals who can –

1. Give permission to administer health care.
2. Pick up the child if the child is ill.
3. Give advice about caring for your child.

Name:

Contact No.: e-mail id:

Relation to the child:

Name:

Contact No.: e-mail id:

Relation to the child:

BROTHER/SISTER STUDYING IN OUR SCHOOL

NAME	AGE	CLASS	SECTION	ADMISSION NO.

C. HEALTH INFORMATION

Does your child have any allergies (food, medications, environment, insects, animals, etc.)? If any, please specify:	
Does your child have any physical, emotional or behavioural issues that may interfere with his/her learning? If any, please specify:	
At home does your child take a daily medication? If yes, please specify:	
Is there any further information you feel we should know that may help us understand your child? If yes, please specify:	
Any other comments which might be useful to the school authorities in managing your child's health care:	

D. TRANSPORT

Whether the child will opt for transport service: Yes ☐ No ☐

E. DOCUMENT CHECKLIST

1. Birth certificate ☐
2. Transfer Certificate from previous school (for class I to V) ☐
3. Immunization card ☐
4. Blood grouping Test Report ☐
5. Passport size photograph of the student (4 nos.) ☐
6. Passport size photograph for parents (one each) ☐

Declaration

I/We, parent(s)/guardian(s) of _____ have read the rules, regulations and guidelines applicable in respect of the school as given and have understood the same and have thereafter decided to enroll my son/daughter at the school. I/We hereby agree and undertake to abide by all the policies of the school and to strictly adhere to all the rules and guidelines as laid down by school from time to time.

Verification

I hereby verify that I have read the information included on this form and that to the best of my knowledge the information provided by me is complete and correct.

Date:

Place:

_____

Parent's/Guardian's Signature

For Office Use Only Admission No.:

Name of the student _____ D. O. B. _____

S/o/D/o _____

Of (address) _____

has successfully passed the admission test/found fit to admit in class _____

His/Her Roll No. _____ Section _____.

Approved/Not approve for admission.

_____

Principal

Mount Princeton School