



ST.VIVEKANAND MILLENNIUM SCHOOL

HMT TOWNSHIP, PINJORE

E-mail:svmshmt@gmail.com

FR-SVMS-29

Affix Passport
Size Photograph
of the Child here.

REGISTRATION FORM

S.No.2018/ (For Office use Only)

- Name of the Child (In Capital Letters) _____ Sex: M F
- Date of Birth (in figures) _____ (in words) _____
- Age as on 1st April of current Academic Year: Years _____ Months _____ Days _____
- Name & Address of the School the Child is attending at present _____
_____ Board _____
- Studying / Studied in class _____ 6. Applying for Class _____
- Religion _____ 8. Category (Gen / SC/ ST/ OBC/ BC-A/ BC-B) _____
- Aadhaar Card No. of Child _____

10.

Parent's / Guardian's Details

Sr. No.	Parent's Detail	Father	Mother
a.	Name		
b.	Academic Qualification		
c.	Occupation		
d.	Designation & Name of Organization		
e.	Office/Business Address		
f.	Residential Address		
g.	Phone (Office) Resi. (L.Line)		
h.	Aadhaar Card No.		
i.	Mobile Number		
j.	E-mail Address		
k.	Annual Income		

11. If Staff Child, please mention the name of Staff Member _____

12. Details of any brother(s) / sister(s) (only real ones) studying / studied in St. Vivekanand Millennium School

Sr. No.	Name of the Student	Admission Number	Class/Section
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1.	_____	_____	_____
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2.	_____	_____	_____
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13. Whether the parent is ex-student of SVMS? Yes / No _____ If yes, please mention

Adm. No. _____ Class _____ & Year of leaving _____

14. Distance of residence from school :

Less than 1 Km Between 1-3 kms Between 3-10 kms More than 10 kms

15. If School Transport is required: Yes No Stoppage _____

Limited transport facilities are available on specific routes. Admission therefore will not automatically ensure a seat in the school bus.

16. Whether suffering from Disability / CWSN (Child with Special Needs) (Yes / No): _____

If yes, give details _____

DECLARATION :

- I agree to abide by Rules and Regulations of the School.
- I am keen to have my child educated in this School.
- I fully understand that in the event of any information being found false or incorrect registration and admission of my ward may be cancelled.
- I also declare that the date of birth and spelling of the name of my ward are correctly given in this form and I shall NOT make a request for any change later on.
- I understand that the registration fee is neither transferable nor refundable.
- I hereby solemnly declare that all the statements made in the above form are true and correct to the best of my knowledge and belief.
- I also agree that the decision of the Principal regarding the admission will be final and binding.

Date : _____

Signature of Father or Mother/Guardian _____

Place : _____

FOR OFFICE USE

Application Received On:				Application Received by	Transport Facility may be granted /not granted
Receipt No.		Date:			
Registration Number:					Transport I/C

Remarks / Result	All Details verified	PRINCIPAL
	Admission Coordinator	