



ST.VIVEKANAND MILLENNIUM SCHOOL

HMT TOWNSHIP, PINJORE

E-mail:svmshmt@gmail.com

REGISTRATION FORM

Affix Passport
Size Photograph
of the Child here.

S.No.2019/ (For Office use Only)

1. Name of the Child (In Capital Letters) Sex: M F
2. Date of Birth (in figures) (in words)
3. Age as on 1st April of current Academic Year: Years Months Days
4. Name & Address of the School the Child is attending at present
..... Board
5. Studying / Studied in class 6. Applying for Class
7. Religion 8. Category (Gen / SC/ ST/ OBC/ BC-A/ BC-B)
9. Aadhaar Card No. of Child (Optional) 10. Blood Group

11.

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. (Optional)		
i.	Mobile Number		
j.	E-mail Address		

12. If Staff Child, please mention the name of Staff Member

13. 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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14. Whether the parent is ex-student of SVMS? Yes / No If yes, please mention

Adm. No. Class & Year of leaving

15. Distance of residence from school :

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

16. 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.

17. 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	
	Admission Coordinator	PRINCIPAL