

Form Serial No.

# ACKNOWLEDGEMENT RECEIPT



### 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 of 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. \_\_\_\_\_

Signature of the Head of the School

### ENCLOSURES TO BE SUBMITTED ALONG WITH THE REGISTRATION FORM

Note:

- 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 Takshila School (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.

[www.takshilaschools.in](http://www.takshilaschools.in)

Form Serial No.:



# REGISTRATION FORM

Session 20   -

Affix a recent passport sized colour photograph of the Child

Name of the Child \_\_\_\_\_

Admission sought in Class \_\_\_\_\_

Registration No.

Date of Issue \_\_\_\_\_

- Ahmednagar  Ambur  Barnala  Begusarai  
 Bhubaneswar  Gaya  Hoshiarpur  Muzaffarpur  Sangli  Vellore

(Please fill the Form in capital letters only)

1. How did you learn about the opening of Registrations at Takshila School

Advt.  Website  Pre-School  Friends  Other

2. Name of the Child: \_\_\_\_\_ M  F

3. Date of Birth (dd/mm/yyyy):

4. Place of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_

5. Age as on 31st March 20 :  Years  Months  Days Blood Group: \_\_\_\_\_

6. Admission sought in Class (in words): \_\_\_\_\_

7. Nationality: \_\_\_\_\_ Domicile of: \_\_\_\_\_

8. Mother Tongue: Hindi  English  Other (specify)  \_\_\_\_\_

9. Admission Category: GEN  EWS  Others  (please specify) \_\_\_\_\_

10. Is your Child suffering from any Chronic Disease / Illness / Allergy / Disabilities which the school should be aware of \_\_\_\_\_

11. Residential Address (Local Address) House No./Plot No.: \_\_\_\_\_

Locality: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Contact No.: \_\_\_\_\_

12. Distance from the School in kms: \_\_\_\_\_

13. Permanent Address (Postal Address) House No./Plot No. : \_\_\_\_\_

Locality: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Contact No. \_\_\_\_\_

Please fill in the following:

Mother

Name:	
Age:	
Academic Qualification:	
Profession:	
Organisation:	
Designation:	
Office Address:	
City/State:	
Office & Mobile No.:	
E-mail:	

Please fill in the following:

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 Takshila School

If yes,

Name of the Child	Admission No.	Class	Section

What are your Child's special Skills and Interests? Mention achievements if any:

\_\_\_\_\_

\_\_\_\_\_

What expectation do you have from the School?

\_\_\_\_\_

\_\_\_\_\_

Area of Interest where Parental Contribution could enrich the School

- Music/Dance/Drama  Social Skills  Painting/Sculpture  Sports
- Academics  Public Speaking  Communication Skills  Media / PR
- Bus/Outing Supervision  Community Programmes  Career Counselling  Medical
- Others

Mention two preferences for the desired Bus Stop: Preference 1. \_\_\_\_\_ Preference 2. \_\_\_\_\_

Affix a recent passport sized colour photograph of the Child

Name of the Student \_\_\_\_\_

Admission to Class \_\_\_\_\_

Registration No. \_\_\_\_\_

Date \_\_\_\_\_

Join us for an Interactive Session

on \_\_\_\_\_ (Date)

at \_\_\_\_\_ (Time).

Admission in Charge

\* Please carry originals of all the documents attached with the Registration Form

\* Please carry this Receipt on the day of Interaction

