

S. No. 200



₹25/-  
Session  
20..... 20.....

(ENGLISH MEDIUM)

### Registration Form for the School

For Office Use			Recent Passport Size Photo of the Child with Parents	Recent Passport Size Photo of the Child
Reg. No.				
Receipt No.				
Date				
Signature				

Note : Please read the Rules & Regulations attached herewith before filling the registration form and comply all the requirements. Please also note that the incomplete forms shall be rejected out rightly.

**A. About the Child**

- Name of the Child .....  
(in Block Letters)
- Date of Birth: DD   MM   YYYY
- Aadhar No.
- Nationality: .....
- Mother Tongue: .....
- Religion: .....
- Does the child require any special need? Give Details: .....

**B. About the Parents:**

	Father	Mother
1. Name		
2. Occupation / Profession		
3. Designation		
4. Organization's Name		
5. Organization's Address		
6. Office Telephone No.		
7. Residence Telephone No./ Mobile No.		
8. Aadhar / Voter ID Card No.		

S. No. 200

**BISHOP BOYS' DIOCESAN SCHOOL**  
PH.: 23975683  
**ACKNOWLEDGEMENT**

₹25/-

Name of the Child .....  
Class .....

Signature

Area in which they can contribute to the enrichment of the school (please put a tick (✓) against your choice)	Cultural	<input type="checkbox"/>	Media	<input type="checkbox"/>
	Sports	<input type="checkbox"/>	Academiċs	<input type="checkbox"/>
	Medical	<input type="checkbox"/>	Professional	<input type="checkbox"/>
	Any Other	<input type="checkbox"/>		

### Other Information

Residential Address/ Distance from School	Specification	(Thick the appropriate box) To be filled by the Parents	Points Maximum 25 Points (To be filled by Office Only)
Residential Address/ .....	Within 08 Km 25 Pts.	<input type="checkbox"/>	
.....	Above 08 Km Within 10 Km 20 Pts.	<input type="checkbox"/>	
..... Distance ..... Km	Above 10 Km Within 15 Km 15 Pts.	<input type="checkbox"/>	
Sibling : Name .....		<input type="checkbox"/>	20
Class & Sec. .... Admn. No .....			
Christian Candidate : Name & Address of the Church .....		<input type="checkbox"/>	30
Single Parent		<input type="checkbox"/>	10
Sibling Studying/Parents working in Sister-Concern Schools		<input type="checkbox"/>	5
Government/Transferable Job			10
Total Marks (Out of 100)			100

### Declaration from the Parents

I/We hereby certify that the above information provided by me/us is correct and I/we understand that if the information is found to be incorrect or false, the ward shall be automatically debarred from selection/admission process without any correspondence in this regard, if admitted, his admission stands cancelled. I/we also understand that the application/registration/short listing does not guarantee admission to my ward. I/we accept the process of admission undertaken by the school and I/we will abide by the decision taken by the school authorities.

Signature of the Father ..... Signature of the Mother .....

Name of the Father ..... Name of the Mother .....

Date