



Recognized by :  
Anglo Indian Schools

# CHILDREN SCHOOL

ALLAHPUR, ALLAHABAD-211 006

## General Instructions:

- 1) This registration is compulsory for all the students.
- 2) Please fill the form in **CAPITAL LETTERS**.
- 3) Please furnish correct and clear information.
- 4) Put cross (x) against the field which is not applicable to you.
- 5) Please fill the personal details same as in the admission form.

Photograph  
(in school uniform)

## STUDENT'S DETAILS

First Name			Middle Name			Last Name		
Class			Sec			Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>	
Date of Birth	DD	<input type="text"/>	MM	<input type="text"/>	YYYY	<input type="text"/>	<input type="text"/>	
Date of Admission	DD	<input type="text"/>	MM	<input type="text"/>	YYYY	<input type="text"/>	<input type="text"/>	
Admission Number	<input type="text"/>							
Religion	<input type="checkbox"/> HINDU	<input type="checkbox"/> MUSLIM	<input type="checkbox"/> SIKH	<input type="checkbox"/> CHRISTIAN	<input type="checkbox"/> CATHOLIC	<input type="checkbox"/> JAIN	<input type="checkbox"/> BUDDHIST OTHERS _____	
Caste	<input type="checkbox"/> SC	<input type="checkbox"/> ST	<input type="checkbox"/> OBC	<input type="checkbox"/> GENERAL	Nationality _____			
Sibling	Yes/No	1) Sibling's Name _____		Class/Sec	_____	Adm. No	_____	
		2) Sibling's Name _____		Class/Sec	_____	Adm. No	_____	
Student Mobile No.	<input type="text"/>							
(If any)								
Student Email ID	_____							
(If any)								
Address						<input type="text"/>		

## IN CASE OF EMERGENCY

Contact Person	_____	Address	<input type="text"/>
Relation	_____		
Phone	_____		

## FATHER'S DETAILS

First Name			Middle Name			Last Name		
Residential Address:	<input type="text"/>				Office/Company/Workplace Address:	<input type="text"/>		
Date of Birth:	DD	<input type="text"/>	MM	<input type="text"/>	YYYY	<input type="text"/>	Profession: _____	
Email ID :	_____				Mobile No. :	<input type="text"/>		
Designation:	_____		Annual Income	_____				

## MOTHER'S DETAILS

First Name			Middle Name			Last Name		
Residential Address:	<input type="text"/>				Office/Company/Workplace Address:	<input type="text"/>		
Date of Birth:	DD	<input type="text"/>	MM	<input type="text"/>	YYYY	<input type="text"/>	Profession: _____	
Email ID :	_____				Mobile No. :	<input type="text"/>		
Designation:	_____		Annual Income	_____				

## MEDICAL DETAILS

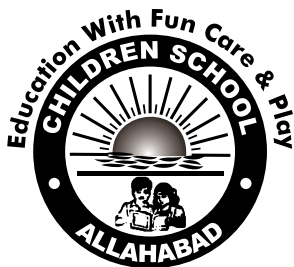
Blood Group	<input type="text"/>	Height (cm)	<input type="text"/>	Weight (kg)	<input type="text"/>	Eye Sight(R)	<input type="text"/>	Eye Sight(L)	<input type="text"/>
Family Doctor's Name	_____				Doctor's Address	<input type="text"/>			
Allergy/Medical Description(if any)	_____								
Suffering From Any Chronic Disease (Y/N). If Yes, please give details	_____								

## SMS SERVICE DETAILS

Contact Person Name	_____				Contact Email	_____			
Contact Person Mobile No.	<input type="text"/>								
Note: Mobile number, on which you wish to receive your child's update through SMS									
I, the undersigned, agree and give my consent to receive SMS from my ward's school regarding his/her performance/attendance/discipline.									

Parent's Signature \_\_\_\_\_

Name \_\_\_\_\_



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Photograph  
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Class			Sec			Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>	
Date of Birth	DD	<input type="text"/>	MM	<input type="text"/>	YYYY	<input type="text"/>	<input type="text"/>	
Date of Admission	DD	<input type="text"/>	MM	<input type="text"/>	YYYY	<input type="text"/>	<input type="text"/>	
Admission Number	<input type="text"/>							
Religion	<input type="checkbox"/> HINDU	<input type="checkbox"/> MUSLIM	<input type="checkbox"/> SIKH	<input type="checkbox"/> CHRISTIAN	<input type="checkbox"/> CATHOLIC	<input type="checkbox"/> JAIN	<input type="checkbox"/> BUDDHIST OTHERS	
Caste	<input type="checkbox"/> SC	<input type="checkbox"/> ST	<input type="checkbox"/> OBC	<input type="checkbox"/> GENERAL	Nationality			
Sibling	Yes/No	1) Sibling's Name		Class/Sec		Adm. No	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	
		2) Sibling's Name		Class/Sec		Adm. No	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	
Student Mobile No.	<input type="text"/>						Address	
(If any)								
Student Email ID								
(If any)								

## IN CASE OF EMERGENCY

Contact Person			Address		
Relation					
Phone					

## FATHER'S DETAILS

First Name			Middle Name			Last Name		
Residential Address:					Office/Company/Workplace Address:			
Date of Birth:	DD	<input type="text"/>	MM	<input type="text"/>	YYYY	<input type="text"/>	Profession:	
Email ID :					Mobile No. :	<input type="text"/>		
Designation:			Annual Income					

## MOTHER'S DETAILS

First Name			Middle Name			Last Name		
Residential Address:					Office/Company/Workplace Address:			
Date of Birth:	DD	<input type="text"/>	MM	<input type="text"/>	YYYY	<input type="text"/>	Profession:	
Email ID :					Mobile No. :	<input type="text"/>		
Designation:			Annual Income					

## MEDICAL DETAILS

Blood Group	<input type="text"/>	Height (cm)	<input type="text"/>	Weight (kg)	<input type="text"/>	Eye Sight(R)	<input type="text"/>	Eye Sight(L)	<input type="text"/>
Family Doctor's Name					Doctor's Address				
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Parent's Signature

Name