



# Green Fields Nursery School

B-1/12, Safdarjung Enclave, New Delhi-110 029

Phone : 26102474, 26171468

Website : www.greenfieldsnurseryschool.co.in

E-mail : care@greenfieldsnurseryschool.co.in

## REGISTRATION FORM

Reg. No. ....

ACADEMIC SESSION : 2020 -2021

Date.....

Note : Please fill up the details in BLOCK LETTERS

Parents are requested to note :

❖ This is not an Admission Form, nor does the submission of this form entitle any child automatic admission to the school.

### I. Personal Data of Student :

Pupil Name First Name  Middle Name  Last Name

Date of Birth  Age as on 01/04/2020 : Years  Months  Days

Gender : Female  Male  Place of Birth  Blood Group  Mother Tongue

Nationality of child  Religion  Whether member of SC/ST/OBC

Residential Address :

Permanent Address :

Tel. No. (R)  Mobile : (F)  Mobile : (M)

Present School :

Class in which studying :  / To be registered for

### II. Family Information (Tick ✓ in the box as applicable)

Single parent

Living in a joint family

Living in a Nuclear family

#### Father's Details

Father's Name

Academic Qualification

Organisation Name

Designation

Office Address

Office Tel. No.

Monthly Income

Email ID

#### Mother's Details

Mother's Name

Academic Qualification

Organisation Name

Designation

Office Address

Office Tel. No.

Monthly Income

Email ID

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Reg. No. ....

Date.....

Your ward.....is registered for admission to class.....

(Please keep this slip as a record for further correspondence)

Signature

### III. TRANSPORT :

Is the school transport required? Yes  / No  (Tick whichever is applicable)

If yes, mention the area

It is recommended for students to avail the transport facility on the routes where the school buses are plying. The school does not allow the use of private vans on the bus routes. All bus routes will be at the discretion of the school authorities. The school may discontinue or change the bus service to any area if there are sufficient reasons for this.

### IV. Distance of residence from the school (Tick whichever is applicable)

(0 - 2 km)  (2 - 5 km)  (5 - 8 km)  (more than 8 km)

### V. Name and class of sibling

(Please reply only with reference to real brother or sister)

Name  Class  School

### VI. Is either parent an Ex-student of the School.

Name of the parent  Class last studied  Year of passing out

### VII. In which of the following areas can you render your services to the school. (Please tick)

(i) Tours & Excursions	<input type="checkbox"/>	(iv) Academic	<input type="checkbox"/>
(ii) Substitute Teacher	<input type="checkbox"/>	(v) Sports	<input type="checkbox"/>
(iii) School Functions	<input type="checkbox"/>	(vi) Computers	<input type="checkbox"/>

### INSTRUCTIONS

Please note the following :

- This form must be accompanied by :
  - One photocopy of the original Municipal Birth Certificate.
  - Proof of Residence - A Photocopy of the Electoral Card / Passport / Driving Licence / Telephone Bill / Lease Agreement.
  - Proof of occupation - Photocopy of I card / letter from the employer
  - Photocopy of report card (ONLY FOR KG class applicants)
  - Transfer certificate in original from the previous school. (only for KG class applicants).

### DECLARATION

- We, hereby, certify that the information given in this registration form is correct & valid.
- We, hereby, undertake to abide by all the notification / instructions / circulars issued by the school from time to time.
- We confirm the above declarations.
- The information given above is true to my knowledge and belief. If any information is found to be contrary to the facts, the admission of my ward may be cancelled at any stage.

Date : .....

Signature of Mother

Signature of Father

### FOR OFFICE USE ONLY

Receipt No. .... Date ..... Signature of Accounts Assistant.....