

Application No. ....

Regn. No.



# GALAXIAN International School

Play Group to 10th

Affiliated to C.B.S.E. New Delhi

## REGISTRATION FORM

Write in English and CAPITALS, use only Blue/Black Ball Pen. One Character in one Box. Do not write outside the boxes.

1. Student's Name



2. Father's/Guardian's Name

3. Father's Profession (give details)

4. Mother's Name

5. Mother's Profession (give details)

6. Date of Birth: Day   Month   Year

(Please attach duly attested copy of Date of Birth Certificate issued by competent authority)

7. Age as on 1st April: Year     Month   Day

8. Sex: Male  Female

9. Mother's Tongue:

English  Hindi  Other Language

10. Number of Family members

Total  Brother  Sister

11. Nationality

Indian  Others

12. Name of School last attended (if any)

13. Class to which admission is sought : Class

14. Permanent Address:

Pin Code   
Phone (Code)  No.

15. Correspondence Address

Pin Code   
Phone (Code)  No.

16. E-mail Address (Please write in CAPITAL LETTERS)

17. Details of Registration Fee: Cash  Bank Draft  (Details of Bank Draft given below)

Name of Bank / Cash	Bank Draft No.	Date	Amount

(Please attach the original copy of Bank Draft)

18. No. of Enclosures

Copy of Date of Birth Certificate

Copy of School Leaving Certificate

Date:

Place:

\_\_\_\_\_  
Signature of Father/Guardian

(FOR OFFICE USE ONLY)	
Test appointment on _____ at _____	Name _____
Test Result _____	Rs. _____ Receipt No. _____
The child has been tested/observed/interviewed & recommended for admission.	Date _____
Admission in-charge _____	_____
Class to which admission granted - <input type="text"/>	Accounts Clerk
Principal / Vice Principal _____	

(Please send original demand draft in favour of Galaxian International School Dehradun along with download fully completed form to our Dehradun office address)

## GALAXIAN INTERNATIONAL SCHOOL

( Affiliated to C.B.S.E., New Delhi ) Play Group to Xth

Vill : Choila (Near Wild Life Institute )

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