SARVOTTAM

INTERNATIONAL SCHOOL

Regn. No. : ……../…….20……..

Plot No.6, Techzone-IV, Greater Noida West (U.P.) Tel : 9999600335, 9999600336

Email: [hm@sarvottamnoida.com](mailto:hm@sarvottamnoida.com) [www.sarvottamnoida.com](http://www.sarvottamnoida.com)

An educational venture established by the Promoters of MAYOOR SCHOOL NOIDA

Please affix a recent colour photograph of the child

**REGISTRATION FORM**

CLASS ………………………… REGISTRATION FOR SESSION 20 ………………….

The form should be filled by the parents in their own handwriting (Write in Capital Letters).

**PARTICULARS OF THE CHILD**

Name of the child: …………………………………………………………. Male/Female: ……………………..

Date of Birth: (DD/MM/YY) ……………………….… Place of Birth: ………….....................

Date of Birth (in words) : ……………..………………………………………………………….

Age in years as on 1st April, 20\_\_\_ ………………………. Blood Group ………………….……

Name of the Play School/Previous School attended: ……………………………………………………………...

Religion: …………………………Nationality……..………………… Mother Tongue: …………....................

Other languages that the child can speak and understand: ………………………………………………………

Category: (GEN/OBC/SC/ST)………………………………………..

Permanent Address: ……………………………………………………………………………………………….

………………………………………………………………………………………………………………………

………………………………………………………………… Phone No.: ……………………………….

Present Address: …………………………………………………………………………………………………...

………………………………………………………………………………………………………………………

………………………………………………………………… Phone No.: ……………………………….

**PARTICULARS OF PARENTS / GUARDIANS**

**FATHER MOTHER**

**Name : ……………………………………… …………………………………………**

**Age : ……………………………………… …………………………………………**

**Educational Qualification: ……………………………………… …………………………………………**

**Mobile No. : ……………………………………… …………………………………………**

**Email ID: ……………………………………… …………………………………………**

**Occupation : ……………………………………… …………………………………………**

**Name of Organization : ……………………………………… …………………………………………**

**Designation : ……………………………………… …………………………………………**

**Office Address : ……………………………………… ………………………………………… ……………………………………… …………………………………………**

**Office Tel. No. : ……………………………………… …………………………………………**

**Monthly Income : ……………………………………… …………………………………………**

**Nature of Business : ……………………………………… …………………………………………**

**Office Timings : ……………………………………… …………………………………………**

**PARTICULARS OF SIBLINGS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Age** | **Studying in School** | **Class** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**QUESTIONS FOR THE PARENTS**

1. What are the reasons for preferring ‘Sarvottam International School’ for your child? ……………………...

………………………………………………………………………………………………………………

1. What are your expectations from school and teachers? ……………………………………………………..

………………………………………………………………………………………………………………

1. How did you learn about ‘Sarvottam International School’? ………………………………………..

………………………………………………………………………………………………………………

1. In what ways can you help the school? …………………………………………………………………….

………………………………………………………………………………………………………………

1. Nature of family – Joint Family / Nuclear Family / Single Parent: ………………………………………..
2. Describe your child’s personality: …………………………………………………………………………

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

1. As a mother, how much quality time do you spend with your child and how? …………………………….

………………………………………………………………………………………………………………

1. As a father, how much quality time do you spend with your child and how? ………………………………

………………………………………………………………………………………………………………

1. If parents are working who looks after your child at home? ……………………………………..

………………………………………………………………………………………………………………

1. As a parent, how do you help your child to become more responsible for his/her own learning? ………..

………………………………………………………………………………………………………………

1. How do you contribute to the overall development of your child? ……………………………………..

………………………………………………………………………………………………………………

1. Are there any family circumstances that may affect your child’s performance? …………………………

………………………………………………………………………………………………………………

1. What values would you like to inculcate in your child? ……………………………………………………

………………………………………………………………………………………………………………

1. Does the child suffer from a disability or ailment where the school has to be cautious in handling the child?

………………………………………………………………………………………………………………

1. What are the areas of your child’s interest? …………………………………………………………………

………………………………………………………………………………………………………………

1. What do you do when your child throws tantrums? ………………………………………………………...

………………………………………………………………………………………………………………

1. How independent is your child? ……………………………………………………………………………

………………………………………………………………………………………………………………

1. How do you perceive your role as a parent in the education of your child? ……………………………….

………………………………………………………………………………………………………………

**Signature**

**Father ………………………….**  **Mother …………………….............**

**Note:**

1. Both parents must accompany the child for interaction.
2. Photocopies of documents must be attached.
3. Incomplete and incorrect form will not be accepted.
4. If required parents can attach extra sheets of paper wherever they feel constraint of writing space.
5. Submission of form does not guarantee admission.

**FOR OFFICE USE ONLY**

Please be present on: ………………………………………………………………………………………………

**Date : ………………………………….. Time ……………………………….**

**Signature of Office Superintendent**

Class : …………………. Regn. No.: ……/……./20….

 SARVOTTAM

INTERNATIONAL SCHOOL Received Registration form of : ……………………………………

An educational venture established by Son / Daughter of …………………………………………………………

The Promoters of MAYOOR SCHOOL NOIDA

You are required to bring your ward on …………………….. (date)

at …………………………………….. (time)

Note: Please attach attested photocopies of:

1. Birth Certificate (Pre-Nursery/Nursery & KG)
2. Vaccination Card (Pre-Nursery/Nursery & KG)
3. Previous Years Mark Sheet & Transfer Certificate (Class 1st onwards)
4. Address Proof

**Sign of OS/FOM**

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