



"Train up a child in the way he should go and when he is old, he will not depart from it"

# EMMANUEL MISSION SR. SEC. SCHOOL, PALI

(Run by E.E. and Charitable Society) Ph. 02932-222969, 226969

Affiliated to Central Board of Secondary Education, Delhi (No. 1730229)

## REGISTRATION FORM

### CANDIDATE'S NAME (IN BLOCK LETTER)


### DATE OF BIRTH

Date		Month		Year			

(In Words)

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Age as on 1st April of current Academic Year      Year  Months  Days

Sex (Please put a tick)     Male     Female      Nationality of the child

Name of the school the child is studying at present

Studying in class       Applying for class

Medium of instruction

Parent's Details

FATHER

MOTHER

LOCAL GUARDIAN

<b>Name</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Academic Qualifications</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Occupation</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Residential Address</b>	<input type="text"/>		
<b>Phone No. (S)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Mobile No. (S)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>E-mail Address</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If any parent is an ex-student of EMMANUEL, please mention year and branch

Details of any brother or sister (not cousins) studying in EMMANUEL

<b>Name of the child</b>	<b>Name of the Branch</b>	<b>Class/Sec.</b>
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**INFORMATION**

Kindly note that due to limited number of seats, It will not be possible to admit all applicants. The application made here does not, in any way, entitle the candidated to be admitted to the school. Shortlisted candidates will be informed by e-mail/phone/post.

**INSTRUCTIONS**

Please submit the following along with the form

Passport size photograph of the child

A photocopy of the Birth-Certificate issued by the Municipal Corporation/Civic Authorities.

Original progress report card and transfer certificate.

**CERTIFICATE FROM PARENTS**

I hereby declare that to the best of my knowledge, the information given above is correct. I fully understand that the school on accepting the registration form of my ward is not in any way, obliged to grant admission. I also agree that the decission of the Principal regarding admission will be final and binding on me.

Date

Signature of Mother

Signature of Father

**INDEMNITY BOND**

In the unexpected event of any injury or harm during the course of the stay of my ward in the school, I shall not hold the school or authorities responsible for the same. Also, I understand that 3 months notice needs to be given to the school in class I wish to withdraw my child.

Signature of Father / Guardian

Date

Please Affix Child's

Photograph here