



SHIVALIK PUBLIC SCHOOL

Phase-VI, S.A.S. Nagar, Mohali , 160055
Phone: 2225486, E-mail: shivalik6mohali@gmail.com
Registration for Day School

Please paste
a recent
passport
sized photo

Registration Form No.

Call No.

(For Office Use)

(Please Register the name of my son/daughter/ward for seeking Admission to class.....)

1. Full Name of the Student (In Capitals) :.....

2. Date of Birth: Day: _____ Month: _____ Year: _____

(in words)

Age as on 31st March, 20

3. Fathers/Guardian's Name

Academic Qualification..... Occupation..... Designation

Official Address.....

4. Mother's Name

Academic Qualification..... Occupation..... Designation

Official Address.....

5 Permanent Address

..... Tel. Mob

6. Office Address

..... Tel. Mob

7. Nationality of the Child :

8. Whether belongs to General /SC/ST/OBC /BC.....

9. Name of the previous Education Board

(a) Whether the previous school was recognized:Yes/No.....

(b) Present Class as shown in the Transfer Certificate

(c) Medium of instruction in the last school

(d) Reason for leaving school

The registration fee of Rs 200/- (Non refundable/Non transferable) is paid herewith and I understand fully that registering the name of my child ward does not guarantee admission.

Date:

Parents/Guardian Signature

[Note: Registration fee of Rs 200/- is to be deposited with Canara Bank Phase-VI, Mohali on the day of submission of Registration Form.]