



OMKARA PUBLIC SCHOOL

Ratan Enclave, Govindpuram Ghaziabad
9717331942, 8076318211

REGISTRATION FORM

Admission No.....

Date.....

PERSONAL DETAILS OF THE CHILD

Full Name :

GENDER : MALE FEMALE

DATE OF BIRTH : DAY MONTH YEAR

Age as on 31st December :

PLACE OF BIRTH

CITY :STATE:

COUNTRY :NATIONALITY:.....

PERMANENT ADDRESS:

.....PIN-CODE:

MAILING ADDRESS:

.....PIN-CODE:

PHONE NO. : RES : MOBILE :

NAME AND ADDRESS OF PREVIOUS SCHOOL ATTENDED

S.No.	Name	Address	From	To

SIBLING INFORMATION

S.No.	Sex	Age	School/Institution



PATENT /GUARDIAN DETAILS :

Recent
Photo
of The
Father / Guardian

Recent
Photo
of The
Mother / Guardian

	Father/ Guardian	Mother / Guardian
Name		
Educational Qualification		
Profession		
Mobile No. : Self/Office		

Name, Address and Telephone No. of the person to be contacted in Case of Emergency.

(In Case parents cannot be contacted)

Name:

Address:

Relation With the child :

Phone No. : Res: Mobile :

TRANSPORT

I would like to avail the transport facility for my child as per the rules and regulations of the school. He/She will be picked up from the nearest bus stop as decided by the school.

Preferred Location :



Guardian Signature