



# ST. ALBANS SCHOOL

Sector – 15, Faridabad – 121 007 (Haryana)

## REGISTRATION FORM FOR CLASS ..... (SESSION : 2025-2026)

|                               |                         |
|-------------------------------|-------------------------|
| Details of Registration Fee : | DD.No. and Date : ..... |
| Name of the Bank : .....      | Amount : Rs. ....       |

|                                                                      |                                                    |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                          |                                                                      |                          |                     |                          |                         |                          |                              |                          |
|----------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------|----------------------------------------------------------------------|--------------------------|---------------------|--------------------------|-------------------------|--------------------------|------------------------------|--------------------------|
| Please affix recent<br>passport size<br>photograph                   | Please affix recent<br>passport size<br>photograph | Please affix recent<br>passport size<br>photograph | Please attach photocopies (mandatory) of<br>the following documents and put a tick in<br>the check box: <table style="width: 100%; margin-top: 10px;"> <tr> <td>a) Birth Certificate</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>b) Hospital discharge summary at<br/>the time of birth of your child.</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>c) Residence Proof.</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>d) Aadhar card of child</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>e) Previous year Report Card</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table> | a) Birth Certificate | <input type="checkbox"/> | b) Hospital discharge summary at<br>the time of birth of your child. | <input type="checkbox"/> | c) Residence Proof. | <input type="checkbox"/> | d) Aadhar card of child | <input type="checkbox"/> | e) Previous year Report Card | <input type="checkbox"/> |
| a) Birth Certificate                                                 | <input type="checkbox"/>                           |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                          |                                                                      |                          |                     |                          |                         |                          |                              |                          |
| b) Hospital discharge summary at<br>the time of birth of your child. | <input type="checkbox"/>                           |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                          |                                                                      |                          |                     |                          |                         |                          |                              |                          |
| c) Residence Proof.                                                  | <input type="checkbox"/>                           |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                          |                                                                      |                          |                     |                          |                         |                          |                              |                          |
| d) Aadhar card of child                                              | <input type="checkbox"/>                           |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                          |                                                                      |                          |                     |                          |                         |                          |                              |                          |
| e) Previous year Report Card                                         | <input type="checkbox"/>                           |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                          |                                                                      |                          |                     |                          |                         |                          |                              |                          |
| Father's Photo                                                       | Mother's Photo                                     | Child's photo                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                          |                                                                      |                          |                     |                          |                         |                          |                              |                          |

The Form should be filled in Blue or Black ink.

1. Pupil's Name (BLOCK LETTERS) .....
2. Gender : .....
3. Date of Birth : .....(DD/MM/YYYY) Place of Birth: .....
4. Residential Address : .....  
..... Pincode : .....
5. Religion : ..... Category.....(Gen / OBC / SC / ST)

**Note : Kindly submit relevant proof if OBC/SC/ST.**

6. PARENTS INFORMATION

|                                   | <u>Father</u>                      | <u>Mother</u>                                       |
|-----------------------------------|------------------------------------|-----------------------------------------------------|
| a) Name (BLOCK LETTERS) .....     | .....                              | .....                                               |
| b) Qualification .....            | .....                              | .....                                               |
| c) Occupation                     | Self employed / Service / Business | Self employed / Service / Home maker /<br>Business/ |
| d) Name of the Organization ..... | .....                              | .....                                               |
| Address and Phone No .....        | .....                              | .....                                               |
| Designation .....                 | .....                              | .....                                               |
| Annual Income (in Rs.) .....      | .....                              | .....                                               |
| e) Contact No. ....               | .....                              | .....                                               |
| f) Alumni                         | YES / NO                           | YES / NO                                            |

7. Nationality : .....
8. E-mail Id (write in block letters) : .....
9. Major illness, if any : .....
10. Is your child a single child : YES / NO
11. a) Last class attended .....
- b) Name of the school with address .....
- c) Is the school affiliated to CBSE YES / NO
- d) If above answer is 'NO', which board .....
12. Are Parents living together : YES / NO
13. Nuclear or Joint Family : .....
14. Sibling's name and other details
- Name : 1 ..... 2. .... 3. ....
- Class : ..... .....
- School : ..... .....

**IMPORTANT**

1. **The school has no transport facility.**
2. **Arranging transport for your ward to and from school is your responsibility.**

**List of self attested documents attached by the parent :**

1. Birth certificate of the child
2. Hospital discharge summary at the time of birth of your child.
3. Residence Proof.
4. Aadhar card of child
5. Previous Year Report Card

**Declaration by the Parent / Guardian**

- 1) I / We hereby declare that the above information provided by me is correct.
- 2) I / we understand that if the information found is incomplete / incorrect / false, my ward will be automatically debarred from the selection / admission process without any further correspondence in this regard.
- 3) I / we understand that the application / registration / wait listing doesn't guarantee admission to my ward.
- 4) I / we accept the process of admission undertaken by the school and I / we will abide the decision by the school authorities.

Place :

Date :

\_\_\_\_\_

(Signature of Father)

\_\_\_\_\_

(Signature of Mother)

|                                                                                              |
|----------------------------------------------------------------------------------------------|
| <p><b>Note: a) Limited seats.</b><br/> <b>b) Registration does not ensure admission.</b></p> |
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