

Registration No. 2249



SALT LAKE POINT SCHOOL

CD-249, SALT LAKE, KOLKATA - 700 064
AFFILIATED TO [ICSE (CL X) & ISC (CL XII) NEW DELHI]
(Application for Registration)
Phone : (033) 2358 4937 / 4951, Mob. : +91-9830387755
E-mail : saltlake.point.school@dadooindia.com
Website : www.saltlakepointschool.org

RECENT
PHOTOGRAPH
2.5cm x 3.5 cm

1. Name of Student (in full) _____
(Capital Letters)
 2. Sex Male / Female
 3. Date of Birth _____
(Please attach birth certificate)
 4. Father's Name _____
 5. Mother's Name _____
 6. Registration requested for class _____
 7. Class & School studying in at present _____
 8. Medium of instruction in the present School _____
 9. Nationality _____ Category : General / SC / ST / OBC
 10. Religion: Father _____ Mother _____ Child _____
 11. Whether _____ health problem (physical or psychological),
which _____ by the school. YES NO (Please put a ✓)
If yes, mention the type of problem _____
 12. Whether transport required. YES NO (Please put a ✓)
 13. Occupation of Father (in detail) _____
 14. Occupation of Mother _____
 15. Gross Monthly Income of Family _____
 16. Second Language to be Studied - Hindi / Bengali Mother Tongue _____
 17. Extra-curricular interests of the Child _____
(Games, hobbies, etc. attach certificate if any)
 18. Whether any own brother, 1) Name _____ Class _____
sister of the candidate is
presently studying in this 2) Name _____ Class _____
school. (If YES, give details)
 19. This Registration form is valid upto _____
 20. PAN NO. 22. ADHAR NO.
 - I) FATHER : I) FATHER :
 - II) MOTHER : II) MOTHER :
 - III) CANDIDATE :
- N.B. : PLEASE ATTACH XEROX COPY.
NO REFUND OF MONEY AFTER ADMISSION

GUARDIAN'S SIGNATURE

P.T.O.



Dear Sir,

Please register my child's name on the waiting list for admission for the academic year beginning in April, 20.....

I have read the School Rules and I agree to abide by the rules which may change as and when required in all respects.

I hereby confirm that the above information are true to the best of my knowledge.

Yours faithfully

Date _____ Signature of Father _____

Signature of Mother _____

Signature of Local/legal Guardian _____

Name & Address _____

Telephone Nos. (Resi) _____

Mother's Mobile No. _____ Office _____

Father's Mobile No. _____ Office _____

Legal/local guardian's Mobile No. _____

Note :

1. The registration of a child's name on the waiting list does not carry with it the guarantee of admission.
2. Please attach two 2.5 x 3.5 cm size photographs along with this form, as mentioned.
3. **Medical Information**

In the interest of the student, the guardian should inform the School about specific physical and psychological problems which the student had suffered or is suffering. Any disability which would prevent the student from taking part in sports, games and P.T. should also be mentioned. (Attach doctor's certificate).

Regn. No. _____

Name of the child _____

Admission for class _____

Please submit completed Registration form by _____

along with following documents/photo copies to the office :

- a) Official birth certificate for verification and a Xerox copy of the same for record.
- b) Transfer Certificate from the school last attended.

Names of those called for interview will be put up on the Notice board on.....
This registration form should be filled up properly. Incomplete forms may be rejected. Candidates who do not bring this counter foil to the interview will be disqualified.

- c) Candidates, whose documents (i.e. Birth certificate from Corporation / Municipality / Panchayat and Report card, Transfer Certificate, Migration Certificate etc.) are not in proper order, or the registration form is not filled in properly, will not be eligible for admission test / interview.

RECENT
PHOTOGRAPH
2.5cm x 3.5 cm

School Stamp

Signature of the office staff

Date _____