

Registration No. \_\_\_\_\_



# 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

E-mail : saltlake.point.school@dadooindia.com

Website : www.saltlakepointschool.org

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 facility is \_\_\_\_\_ 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 : \_\_\_\_\_  
II) MOTHER : \_\_\_\_\_  
III) CANDIDATE : \_\_\_\_\_

RECENT  
PHOTOGRAPH  
2.5cm x 3.5 cm

\_\_\_\_\_  
GUARDIAN'S SIGNATURE

\_\_\_\_\_  
P.T.O.

N.B. : PLEASE ATTACH XEROX COPY.  
NO REFUND OF MONEY AFTER ADMISSION

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.

School Stamp

Signature of the office staff

Date .....