Registration No.

(A)	and the second second	SALT LAKE POINT SC	CHOOL		
		CD – 249, SALT LAKE, KOLKATA – 700 064			
SALTUNA	AFFII	IATED TO CISCE (ICSE -CL X, ISC – CL)	(II) NEW DELHI		
ESTD-	(Application for Registration)				
	PHO	NE: (033)2358 4937 / 4951, Mobile: +	91 9830387755		
		E -mail: saltlake.point.school@dado	oindia.com		
		Website: www.saltlakepointsch	ool.org		
1.	Name of Student (in full)				
	(Capital Letters)				
2.	• •	Male / Female			
3.	3. Date of Birth				
	4. Father's Name				
5.	Mother's Name				
6.	. Registration requested for class				
7.	Class & School studying in a	it present			
8.	Medium if instruction in the	e present School			
9.					
10.	Religion: Father	Mother	Child		
		es/drug allergies/ intolerance) YES	NO (Please put a tick)		
		cal information to the school.			
	12. Whether transport required. YES NO (Please put a tick)				
13.	13. Occupation of Father (in detail)				
	14. Occupation of Mother				
	•	amily			
	16. Second Language to be Studied – Hindi / Bengali Mother Tongue				
		the Child			
	Games, hobbies, etc (attack				
		1) Name			
	Sister of the candidate is presently studying in this So	2) Name	Class		
	PAN NO.				
		22. ADHAAR NO).		
	I) FATHER: II) MOTHER:	I) FATHER: II) MOTHER:			
	ii) WOTHER.	III) CANDIDATE			
N.B: PL	EASE ATTACH XEROX COPY.	NO REFUND OF MONEY AFTER ADM	ISSION		

GUARDIAN'S SIGNATURE

Dear Sir,		
Please register my child's nar	ne 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 abo	ove information are true to the best of	my knowledge.
		Yours faithfully
Date	Signature of Father	
	Signature of Mothe	r
	Signature of Local/	Legal Guardian
	Name & Address	
	Mother's Mobile No	Office
	Father's Mobile No	Office
	Local/ Legal Guardian's Mobile N	0
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 3.4 cm size photographs along with this form, as mention.
- 3. <u>Medical Information</u> In the interest of the student, the guardian should inform the school about specific physical and psychological problems which the student has 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).

Reg. 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 photo copy of the same for records.
- b) Transfer Certificate from the school last attended.
 Name 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 _____