



# Saint Soldier International School

Sector 28-B, Chandigarh (UT). India-160002  
Phone : 0172 - 5024737, 5024738  
E-mail : ssis\_ssis28@yahoo.com

## REGISTRATION FORM (SESSION: 2019-20)

### Checklist:

Form No: \_\_\_\_\_

- Attach Date of Birth Certificate
- Attach Residence Proof
- Attach Blood Group Report

### Personal Details

Admission for Class: \_\_\_\_\_

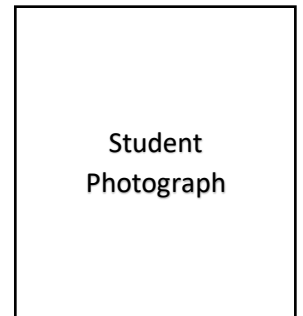
Gender:  Male  Female

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_



Category:  General  SC  ST  OBC

Physically Challenged:  N.A.  Blind  Deaf  Dyslexic  Spastic  Other

Address: \_\_\_\_\_

Father's Mobile No: \_\_\_\_\_

Mother's Mobile No: \_\_\_\_\_

Landline No: \_\_\_\_\_ E-Mail Id: \_\_\_\_\_

### Additional Details

Previous Class Studying: \_\_\_\_\_

Mother Tongue: \_\_\_\_\_

Previous school name and address: \_\_\_\_\_

Blood Group: \_\_\_\_\_ Religion: \_\_\_\_\_ Aadhaar No (optional): \_\_\_\_\_

Willing to opt school transport:  Yes  No

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## ACKNOWLEDGEMENT SLIP (For Office Use Only)

Form No: \_\_\_\_\_

Name: \_\_\_\_\_

Admission for class: \_\_\_\_\_

Date of submission of form: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

**Father's Details**

Educational Qualification: \_\_\_\_\_

Occupation: \_\_\_\_\_

Designation: \_\_\_\_\_

Office Address: \_\_\_\_\_

**Mother's Details**

Educational Qualification: \_\_\_\_\_

Occupation: \_\_\_\_\_

Designation: \_\_\_\_\_

Office Address: \_\_\_\_\_

**Sibling Details**Is brother / sister studying in school?  Yes  No

If yes, then fill this section:

Reg. No.: \_\_\_\_\_

Class: \_\_\_\_\_

Name: \_\_\_\_\_

Gender: \_\_\_\_\_

**Emergency contact details:**

If neither parent can be reached in case of an emergency, whom should we try to contact?

Name: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Relation with the child: \_\_\_\_\_

Date: \_\_\_\_\_

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**(Father / Mother Signature)**