

OLIVIA INTERNATIONAL SCHOOL

Ganpati Dham-2, Raja Garden, Laksar Road, Haridwar

Phone: 8755944441 Email: oliviaharidwar@gmail.com

Registration Form

(To be filled in **Block (Capital) Letters**.)

Please affix a recent photograph of the child.

| Name | | |
|--|--|--|
| Date of Birth: Date Month Year In Words: | | |
| Gender: Blood Group: | | |
| Admission to Class: | | |
| Father's Name: | | |
| Mother's Name: | | |
| Address: | | |
| | | |
| Occupation of the Father | | |
| QualificationPhone | | |
| Occupation of the Mother | | |
| QualificationPhone | | |
| Guardian's NamePhone | | |
| | | |
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DECLARATION BY PARENTS / GUARDIAN

- 1) I hereby solemnly declare that all the statement made in this form are true and correct to the best of my knowledge and belief.
- 2) I fully understand that in the event of any information being found false or incorrect, registration and admission of my ward may be cancelled.
- 3) I also declare that the date of birth and spelling of the name of my ward are correctly given in this form and that I shall NOT make a request for any change later on.
- 4) I understand the registration of my child / ward does not guarantee admission to the school and that the registration fee is neither refundable nor transferable.
- 5) I hereby agree to abide by the rules and regulation laid down by the school.

| Place : | Signature : | |
|---------------------------------------|------------------------------|--|
| Date : | Name : | |
| FOR | OFFICE USE ONLY | |
| Registration No.: | •••••• | |
| Session: | | |
| Class to which admission is sough | ıt: | |
| Date of Submission of Form: | | |
| Date of Admission Test and Interview: | | |
| Auth. Signatory (Admission Cell) | Principal (Sign. & Stamp) | |
| (Parents / Guardian Receipt) | | |
| Registration No.: | | |
| Class to which admission is sought: | | |
| Date of Admission Test and Inter | 'view: | |