

RALLI INTERNATIONAL KINDERGARTEN

Reg. No.

Session

Class

Sign.

Indirapuram, Ghaziabad-201010 Ph.: 0120-4901624, 0120-4901809, 9310808549

beyond ?	E-mail: info@ralliinternationalschool.c	om					
इम् तेजोऽ	से तेजो मिय बेहि REGISTI	RATION FORM	Affix Passport size				
	he form should be strictly filled in by the parents in t ng is the information regarding my son/daughter	heir own hand writing. Class in which admission is sought	Photograph of the child				
1.	PARTICULARS OF CHILD						
i.	Name of the child (in block letters)						
ii.	Date of Birth (in figures) Date Month Ye	ar Name of the Present School					
	(In words)	41					
	Note: Please attach a self-certified photostate co	py of the birth certificate of the child.					
iii.	Age on 1st Apr. 20 Year Months Da	ys E-mail					
lv.	Place of Birth:						
v. vi.	Mother Tongue : Other language(s) the child can speak and understand						
vii.	Nationality						
viii.	Present Address						
ix.	Permanent Address						
x.	Residential Telephone No.	Mobile					
2.	PARTICULARS OF PARENTS	Father Mother					
i	Name	T T T T T T T T T T T T T T T T T T T					
ii	Age	1 Link					
iii.	Professional Qualifications	he one					
iv.	Occupation						
V.	Designation 3434 COSS	स तजा माय धाह					
vi.	Name of Organisation						
vii.	Office/Employer's Address						
viii.	Office Tel. NoMo	bileMobile_					
ix	Monthly Income						
Х.	Office Timings						
xi.	State Name of Business (If applicable)						
xii.	140 0						

3. OTHER PARTICULARS OF THE FAMILY

i. Number of members in the family living together

Name	Relation to child	Age	Educational Qualifications	Profession
1				
2				
3				

3										
	ii iii.	Whether the family is Joint/S Real Brother / Sister Name	ingle Unit/Single Pare	ent (Cros	s out which is not applicable) Class/Name of School					
4.	i.	As parents, our aspirations for	or our child are							
	ii.	Our expectations from the School and the teachers with respect to our chid are								
	iii.	Our Child, when free, loves to								
	iv.	As a mother, how much time do you spend with the child and how?								
	V.	As a father, how much time do you spend with the child and how?								
	vi.	How would you contribute to the growth of your child?								
	vii.	In case both parents are working who looks after your child at home till you return?								
	viii.	Does your child suffer from a disability or ailment where the School has to be cautious in handling him / her?								
	ix.	What values would you like to inculcate in your child?								
	x.	How do you help and encourage your child to learn?								
	xi.	How would you handle if your child cannot cope-up with School work?								
F	-00	Signature FNOTE :		Father	ı	Mother				
	i. ii.	Parents may attach extra she	ever they feel constraint of writing s Only short-listed candidates will b							
	FOR OFFICE LISE ONLY									

FOR OFFICE USE ONLY

Called for meeting with the Principal on.

Remarks: Signature