



# ST. MARGARET SCHOOL

B-Block, Derawal Nagar (Model Town), Delhi-110009

Ph.: 011-61348868

## REGISTRATION FORM

Pre-School

ACADEMIC SESSION (202\_\_-2\_\_)

Please affix  
passport size  
photograph  
of the Child

Please affix  
passport size  
photograph  
of the Mother

Please affix  
passport size  
photograph  
of the Father

1. Name of the Student (In Block Letters) \_\_\_\_\_
2. Gender Male ☐ Female ☐
3. Date of Birth Date   Month   Year      
in Words \_\_\_\_\_
4. Age as on 31-3-202\_\_ Year   Month   Days
5. Nationality \_\_\_\_\_ Category : General ☐ SC ☐ ST ☐ OBC ☐  
Religion: Hindu ☐ Muslim ☐ Sikh ☐ Christian ☐ Jain ☐ Buddhist ☐ Other \_\_\_\_\_
6. Residential Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Father's Name (in Block Letters) \_\_\_\_\_  
\_\_\_\_\_  
Educational Qualification : \_\_\_\_\_  
Profession : Service ☐ Self Employed ☐  
Office Address: \_\_\_\_\_  
\_\_\_\_\_  
Tel No. Off : \_\_\_\_\_  
Mobile No. : \_\_\_\_\_  
E-mail : \_\_\_\_\_
8. Mother's Name (in Block Letters) \_\_\_\_\_  
\_\_\_\_\_  
Educational Qualification : \_\_\_\_\_  
Profession : Service ☐ Self Employed ☐  
Home Maker ☐  
Office Address: \_\_\_\_\_  
\_\_\_\_\_  
Tel No. Off : \_\_\_\_\_  
Mobile No. : \_\_\_\_\_  
E-mail : \_\_\_\_\_
8. Medical Information : Does the child have some special needs ? If yes, give details  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Point Criteria

Tick at the Appropriate Option

(A) Area Covered in KM

Points

0-1 Km		Derawal Nagar, Gujranwale Town, Mahendru Enclave	<b>80</b>
1-3 Km		Model Town I,II, III Tagore Park Park, Malik Pur, Dhaka, Hudson Line, Outram Line, G.T.B. Nagar, R.P. Bagh, Vijay Nagar, Gupta Colony (New, Old) Kalyan Vihar, Sangam Park, Azad Pur, State Bank Colony, Ashok Vihar Phase-I	70
3-6 Km		Indra Vihar, Adarsh Nagar, Timar Pur, Mukherjee Nagar, Nirankari Colony, Parmanand Colony, Dheer Pur, Nehru Vihar, Civil Line, Kamla Nagar, Shakti Nagar, Malka Ganj, Subzi Mandi, Ghanta Ghar, Hardev Nagar, Jahangir Puri, Majnu Ka Tilla, Indra Nagar, Nimri Colony	50
6-8 Km		Jharoda, Sant Nagar (Burari)	30

(B) Sibling in the same school : Yes ☐ No ☐

10

(Real Brother/Sister) \_\_\_\_\_

Sibling Name \_\_\_\_\_ Class & Section \_\_\_\_\_ Admin. No. \_\_\_\_\_

**c) Alumni**

**(10)**

### Documents to be attached with the Registration Form

1. Date of birth certificate of the child with name (Issued by M.C.D.)
2. Aadhar Card of child and of the parents.
3. Residence proof: Ration Card/Voter ID Card/Passport/Electricity Bill/Telephone Bill (Only parents')
4. If Sibling (Copy of the last Report Card)

**Note:-**

- Enclosed attested photocopies of the documents, Original will be checked at the time of admission
- NO RENT AGREEMENT WILL BE ACCEPTED

### DECLARATION OF THE PARENTS

I \_\_\_\_\_ father/mother of \_\_\_\_\_ hereby declare that information given above by me is based on facts and authentic records. I shall produce the requisite documents at the time of admission. Admission of my child may be cancelled, if any information is found to be false.

Total No. of Documents attached:- \_\_\_\_\_

**PARENTS SIGNATURE**

### For Office Use Only

Number of documents received \_\_\_\_\_ and verified with from \_\_\_\_\_

For Office Use Only
<b>Point Criteria</b>
Distance Point : _____
Sibling Point : _____
Total Point : _____
<b>Checked &amp; Verified by:</b>
Signature : _____
Name : _____

**HEADMISTRESS**

Date \_\_\_\_\_