



Good Samaritan School
 (Unaided Christian Minority Senior Secondary School)
 Recognized by DoE and Affiliated to C.B.S.E.
 Near Sector 8, Jasola, New Delhi-110025
 Ph.No. 65382631, 65382635

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REGISTRATION FORM FOR CLASS I

No. Admission No.
 Registration for Class For academic year **2018 to 2019**

For Office use only

1. Name of the Student (In block letters)

2. Date of Birth Date Month Year

(In words)

3. Father's Name (in Block Letters) Edu. Qualification :

4. Mother's Name (in Block Letters) Edu. Qualification :

5. Guardian's Name (If applicable) Edu. Qualification :

6. Father's / Mother's occupation

7. Student's Aadhaar Card No.

School Specific Parameters

8. Religion.

9. Sex : Male Female

10. Caste Category: SC ST OBC General

11. Residential Address :

12. Parent's Email Id Tel. No.

13. From slum colony: Yes No If yes, name & place of the colony:

14. Sibling studying in this school (Real brother/sister) Yes No

15. Is the Child physically challenged? Yes No

16. Family Monthly income :

17. Special needs if any :

18. Pre-Primary/UKG completed: Yes No Medium of Education in previous class :

19. Single parent Yes No

Attested photocopies of the documents submitted:

- 1. Proof of Date of Birth:** Municipal Birth Certificate
(Hospital Certificate will not be accepted)
- 2. Proof of Residence:** (Voter ID / Ration Card / Domicile Certificate of child or any of the parents/ MTNL Bill / Electricity Bill/ Water Bill / Passport of child /any of the parents/ Aadhaar Card/ UID Card of any of the parents)
- 3. Medical Certificate** for children with special needs
- 4. For Christian Students:** Baptism Certificate of the child or parents
- 5. Income Certificate:** From SDM
- 6. Report Card:** Latest from the school in which the student last studied
- 7. Transfer Certificate:** From the school in which the student last studied
- 8. Aadhaar Card Copy**

Please register my son /daughter/ ward named above in your school. I shall produce the requisite original documents at the time of admission:

OFFICE USE:

Received on

Date: _____

Place: _____

Received by

Name: _____

Signature: _____

Parent's Name & Signature with date: _____

20. Is the School transportation required? Yes No

21. Medical Information: Any special precaution to be taken for the child:

Any health condition:

22. If Christian Minority - Denomination :

a) Church Address.....

b) Pastor's name:.....

23. If single parent, give details

24. If siblings are in this school, their details:

Sibling's Name	Class-Section	Admission No.	Fee Category
1.
2.
3.
4.

Undertaking

I/We, father of and mother of (name of the child) hereby declare that the information given above by me/us is based on facts and authentic records. Admission of my child may be cancelled if any information is found to be false.

.....
Mother's Signature

.....
Father's Signature

Mother's name

Father's Name

(Incomplete application will be rejected)

OFFICE USE:

Documents Received

Attested photocopies of the documents submitted:

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Received on

Date: _____

Place: _____

Received by

Name: _____

Signature: _____