



Educate to uplift

# 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. 011-41035311, 40516517

## REGISTRATION FORM

For Class – II to XII

Affix Passport size photo here

No. ....

**Registration for Class** .....

**For academic year 2022 to 2023**

1. Name of the Student (In block letters) .....

2. Date of Birth                      Date                      Month                      Year

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(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. Father's Email ID ..... Mobile No. ....

13. Mother's Email ID ..... Mobile No. ....

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

15. Is the Child physically challenged?  Yes  No

16. Family Monthly income : .....

17. Medium of Education in previous class .....

18. 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 / Passport / 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. **Report Card:** Latest from the school in which the student last studied
- 6. **Transfer Certificate:** From the school in which the student last studied
- 7. **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:

Parent's Name & Signature with date: \_\_\_\_\_

For Office use only  
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#### OFFICE USE:

**Received on**

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

Place: \_\_\_\_\_

**Received by**

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

Signature: \_\_\_\_\_

19. Is the School transportation required?  Yes  No

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

Any health condition: .....

21. If Christian Minority - Denomination : .....

a) Pastor's Name:.....

b) Church Address.....

22. If single parent, give details .....

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

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

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**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)*

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**OFFICE USE:**

**Documents Received**

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**Received on**

**Received by**

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

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

Place: \_\_\_\_\_

Signature: \_\_\_\_\_