



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

For Class - I

Affix Passport size photo here

REGISTRATION FORM

No.

Registration for Class

For academic year 2024 to 2025

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 :.....

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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. Pre-Primary/UKG completed: Yes No 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** of parents and students

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:

OFFICE USE:

Received on

Received by

Date:

Name:

Place:

Signature:

For Office use only

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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.

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)
