## **REGISTRATION FORM**

ST. MARGARET SCHOOL B-Block, Derawal Nagar (Model Town), Delhi-110009 Ph.: 011-61348868

No.	Pre-School	
AC	ADEMIC SESSION (2024-2	2025)
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 Letter	s)	
2. Gender	Male Female	
3. Date of Birth	Date Month Year	
In Words		
4. Age as on 31-03-2024	Year Month	Days
5. Nationality	_ Category: General _ SC _ ST [	OBC
Religion: Hindu Muslim	Sikh Christian Jain Budd	lhist Others
6. Residential Address		
7. Father's Name (In Block Letters)	7. Mother's Name	(In Block Letters)
Education Qualification:	Educational Qualifica	tion :
Profession : Service Self Employe	ed Profession : Service	Self Employed House Maker
Office Address:	Office Address:	
Tel No. Off :	Tel No. Off :	
Mobile No.:	Mobile No.:	
E-mail:	E-mail:	
8. Medical Information: Does the child ha	ve some special needs? If yes . give details	

## Point Criteria Tick at the Appropriate option

(A) Area Cov		ppropriate option	Points
0-1 Km	Derawal Nagar, Gukranwala Two	on, Mahendru Enclave	90
1-3 Km	G.T.B. Nagar, R.P. Bagh, Vijay N	Malik Pur, Dhaka, Hudson Line, Outram Line, Nagar, Gupta Colony (New,Old) Kalyan Vihar, bank Colony, Ashok Vihar Phase-I	70
3-6 Km	Parmanand Colony, Dheer Pur,	r Pur, Mukherjee nagar, Nirankari Colony, Nehru Vihar, Civil Line, Kamla Nagar, Shakti i, Ghanta Ghar, Hardev Nagar, Jahangir Puri, nri Colony	50
6-8 Km	Jharoda, Sant Nagar, (Burari)		30
B) Sibling in th	e same school : Yes No		10
(Real broth	er/ Sister)		
Sibling Nam	e Clas	s & SectionAdmn. No	
	Documents to be attache	ed With the Registration Form	
. Date of birth	Certificate of the child with name (Issue	ed by M.C.D)	
. Aadhar Card	of child.		
. Residence pr	oof: Ration Card/ Voter ID Card/ Passp	oort/ Electricity Bill/ Water Bill/ Telephone Bill (On	ly parents'
. If Sibling (Co	by of the last Report Card)		
lote:-			
	tested photocopies of the docume GREEMENT WILL BE ACCEPTED	nts, Original will be checked at the time of a	admission
		I OF THE PARENTS	
	father/ mother	ofhereby declare that	information
iven above by	ne is based on facts and authentic rec	cords. I shall produce the requisite documents a	at the time o
dmission. Adm	ssion of my child may be cancelled, if	any information is found to be false.	
Total No. of D	ocuments attached:	PARENT'S SIGNAT	URE
	For Offi	ce Use Only	
lumber of docu		and verified with from	
	For Office Use Only		
Point Criteria	-		
	t:		
Checked & V			
Signature :			
Name :		PRINCI	

Date
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