		RET SCHOOL (Model Town), Delhi-110009 1-61348868			
N	No. 008 REGISTRATION FORM				
IN	Pre-School ACADEMIC SESSION (2022)				
-	ACADEMIC SESSION	N (202 <u>-</u> -2) □			
	Please affix Please affix passport size passport size photograph photograph of the Child of the Mothe	e passport size photograph			
1.	Name of the Student (In Block Letters)	en e			
2.	Gender Male Femal				
3.	Date of Birth Date Month	Year			
	in Words				
4.	Age as on 31-3-202 Year Month	Days			
5.	NationalityCategory : General	SC ST OBC			
	Religion: Hindu Muslim Sikh Christian	Jain Buddhist Other			
6.	Residential Address				
7.	Father's Name (in Block Letters) 8.	Mother's Name (in Block Letters)			
	Educational Qualification :	Educational Qualification :			
	Profession : Service Self Employed	Profession : Service Self Employed			
		Home 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 have some spec	ial needs ? If yes, give details			
100 N					

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Point Criteria Tick at the Appropriate Option

) Area Cove	ered in KM	ria ate Option		
-1 Km	Derawal Nagar, Guiranuala T		Points	
-3 Km	Model Town I II III Tagana Dail Dail and		90	
-6 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	
-8 Km	Indra Vihar, Adarsh Nagar, Timar Pur, Mukh Parmanand Colony, Dheer Pur, Nehru Vihar Malka Ganj, Subzi Mandi, Ghanta Ghar, Ha Majnu Ka Tilla, Indra Nagar, Nimri Colony	erjee Nagar, Nirankari Colony	50	
	Jharoda, Sant Nagar (Burari)		30	
) Sibling in	the same school : Yes No		10	
(Real Bro	(Real Brother/Sister)		10	
Sibling NameClass & SectionAdmin. No				
 Aadha Reside If Siblir Note:- Enclose NO RE 	 Aadhar Card of child and of the parents. Residence proof: Ration Card/Voter ID Card/Passport/Electricity Bill/Telephone Bill (Only parents') If Sibling (Copy of the last Report Card) Note:- 			
time of admission. Admission of my child may be cancelled, if any information is found to be false				
Total No.	Total No. of Documents attached: PARENTS SIGNATUR		E	
	For Office Use C	Dnly		
Number of	Number of documents receivedand verified with from			
	For Office Use Only			
Point Crite	ria			
Distance Po	bint :			
Sibling Poin	t :			
Total Point	Total Point :			
Checked &	Verified by:	HEADMISTRESS		
	and the state of the second	Date		

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