



**REGISTRATION FORM**

Name of child: \_\_\_\_\_

Gender: M  F

Date of birth: \_\_\_\_\_ Age at the time of registration: \_\_\_\_\_

Religion: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone no: \_\_\_\_\_

Applying for class: \_\_\_\_\_

**Father's name:** \_\_\_\_\_

Profession: \_\_\_\_\_ Qualification: \_\_\_\_\_

Office address: \_\_\_\_\_

Office no: \_\_\_\_\_ Mobile no: \_\_\_\_\_

Email: \_\_\_\_\_

**Mother's name:** \_\_\_\_\_

Profession: \_\_\_\_\_ Qualification: \_\_\_\_\_

Office address: \_\_\_\_\_

Office no: \_\_\_\_\_ Mobile no: \_\_\_\_\_

Email: \_\_\_\_\_

**Health profile of child:**

Does your child have any health problem?  Yes  No

Vision  Allergies  Hearing  Asthama  Physical disability

Other: \_\_\_\_\_

Is there any reason your child **should not** take part in physical education classes or sports programs?  Yes  No

If yes, please give reason: \_\_\_\_\_  
\_\_\_\_\_

Please mention any other health related concern you may want to inform the school about: \_\_\_\_\_  
\_\_\_\_\_

**Previous education:**

Has your child attended any other school previously? Yes  No

If yes, please write:

School's name: \_\_\_\_\_

Class: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please write details of other siblings:

Sno	Name	School	Class
1			
2			
3			
4			
5			

Reason for applying to The Intellect: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Alloted Registration no. : \_\_\_\_\_

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

Receipt # : \_\_\_\_\_

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

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

-

-