



Checklist :			
Age	<input type="checkbox"/> Over	<input type="checkbox"/> Under	<input type="checkbox"/> within criteria
NIC	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	
BC	<input type="checkbox"/> Muncipal's	<input type="checkbox"/> Hospital's	<input type="checkbox"/> B-form
Photo	<input type="checkbox"/>	<input type="checkbox"/> Sibling	<input type="checkbox"/> GP
Previous School's Report	<input type="checkbox"/> _____		
Remarks	_____		

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: _____

Office address: _____

Office no: _____ Mobile no: _____

Email: _____

Mother's name: _____

Profession: _____

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: _____