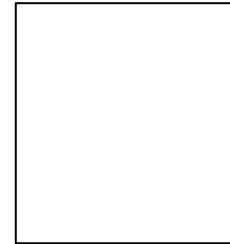


SHINING STAR GLOBAL SCHOOL

(Strive For Excellence)



REGISTRATION / ADMISSION FORM

SESSION: 20__ – 20__

1. NAME: _____
2. CLASS: _____
3. ADMISSION NO: _____
4. DOB: _____
5. MOTHER'S NAME: _____
6. FATHER'S NAME: _____
7. MOTHERS'S OCCUPATION _____
8. FATHER'S OCCUPATION _____
9. ADDRESS _____
RESIDENTIAL WITH PHONE NO. _____
10. CATEGORY (SC/ST/OBC/BPL/ GENERAL) _____
11. ADMISSION SOUGHT TO CLASS _____
12. CONTACT & ADDRESS IN CASE OF EMERGENCY _____

13. AADHAR CARD NO. _____
14. ALLERGIC TO ANY THING _____
15. ANY SPECIFIC AILMENTS _____

DATE:

PARENTS SIGNATURES

FOR OFFICE USE ONLY

ADMISSION TO CLASS: _____

ADMISSION NUMBER: _____ DATE OF ADMISSION _____

DATE	CHECKED BY	PRINCIPAL
_____	_____	_____