



GALAXY CONVENT SCHOOL

ROHANA, MUZAFFARNAGAR

Application for Registration only

Name of the Pupil (in block letters)		Date of birth D D M M Y Y Y Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				Class: Year:	
Place of Birth	Nationality	Religion & Caste	Mother Tongue	Gender M F <input type="checkbox"/> <input type="checkbox"/>			

Blood Group.....

Vaccination Done: Yes/No

Does your child have any disability (Yes/No) Any evidence of learning disability (Yes/No)	Sibling (School & class studying in)	
	Mode of transport	Private/School bus

Details of Parents

Father:

Mother:

Name	Name
Address:	Address:
PIN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PIN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Tel (O):	Tel (O):
Tel (R):	Tel (R):
Mobile:	Mobile:
Fax:	Fax:
E-mail:	E-mail:
Profession:	Profession:
Position:	Position:
Company & Address:	Company & Address:
Annual Income	Annual Income

Details of previous schooling

Year	School	Class	Grades/Marks obtained in Final Exam			
2009-2010			Eng	Hindi	Math	Science
2010-2011			Eng	Hindi	Math	Science
2011-2012			Eng	Hindi	Math	Science

(Signature of the Student)

(Signature of Father)

(Signature of Mother)