



SHIV SHAKTI LUXMI MEMORIAL HIGH SCHOOL

Chopra Garden, Yamuna Nagar - 135001
 Email id :- shivshaktihschool@gmail.com
 Website - shivshaktischoolynr.com
 Phone - 9991823443, 01732-297292

ADMISSION FORM

I apply for admission of my son/daughter/ward to class _____
 I agree to abide by the school rules and regulations formulated from time to time.
 I certify that the particulars given below are correct.

1. Child's full Name In block letter: _____

Signature _____

2. Present Address _____

3. Father's Name and Occupation: _____

4. Mother's Name and Occupation _____

5. Edu. qualification: Father _____
 Mother _____

6. Male/Female. Religion _____

7. Date of birth (In Figures) _____
 (In Words) _____

7. Nationality _____

8. Name of real brother (s)/Sister(s) studying in this
 school _____

9. Mention if you belong to scheduled caste,
 Backward Class or Tribal Area _____

10. If School transport facility is required? _____

Registration No. _____

Receipt No. _____

Amt. Received _____

Date. _____

Registrar _____

Admitted to Class _____

House _____

Date. _____

PRINCIPAL

School (s) attended	Medium of Instruction	Class in which Studying	Month & year in which the student was promoted to the present class	Class & year in which admission is sought	Subject

Position in class in the last examination at the previous school position _____
 out of _____ student.

Phone No. Resi. _____

Phone No. Office _____

Note: Registration is No Guaranty for admission