



(Session: 2024-2025)

				, -			-,			
							For A	Admission to Gra	de	
photograph phot			photo	sport size ograph of Nother			photo	port size ograph of e Child		
Instructions	for fi	lling the	form		GISTRA	TION FO	RM			
■ Write	e in Cap se give	oital Letters complete a ne columns	s. ind corr		mation		the Munic	notostat copy of the I cipal Corporation. tach 2 different proo		
		he Child				1				
First Name	e					Last	Name			
Date Of Birt	th (in	figures)				Date O	f Birth (	in words)		
Date -	Мо	nth -		Year						
Place of B	irth					/Class ing For				
B. Det	tails	of								
Parents				Father			M	other		
Name										
Profession/0	Occup	ation								
Name of Org	ganiza	tion								
Designation										

Office Address	
Office Address	
Tel.(Office)	
Tel. (Residence)	
Mobile	
Email	

Permanent Address	Present Address

## **C. Other Details** (Tick ( $\forall$ ) the appropriate, attach proof)

General	ОВС	SC	ST	Minority Community

## D. Transport Requirement: (Is the school transport required?)\_\_\_\_Yes \_\_\_\_No

### **E. Other Information:**

S.No	Information						
1	<b>Distance</b> of the School from the residence (K.M)						
	<b>Siblings</b> - Is a sibling of the student studying at this school?  If yes, please give following details of the sibling:					Yes	No
2		, ,,	J		J		
	Name Adm No.						
	Class		Section				
	Transferable job of Parents						
	Is Father's Job Transferable?					Yes	No
3							
	Is Mother's Job Transferable?					Yes	No
4	Physically Challenged - Is the child Physically Challenged					Yes	No
	(if yes, attach proof)?						
5	Single Parent - Are you a single parent?				Yes	No	

To be filled by the School		
1		
2		
3		
4		
5		

Please register my ward named above in your school. I shall produce the original documents at the time of admission.

#### **UNDERTAKING**

that information given above by me is based on facts and authentic records. Admission of my child may be
cancelled if any information is found to be false.

# Important Documents to be attached with the Registration Form

The filled-in application form must be accompanied by **Self Attested Photocopies** of the following documents:

father/ mother of do hereby declare

**SIGNATURE OF PARENT / GUARDIAN** 



DATE: \_\_\_

- a) Birth Certificate
- b) Two proofs of Residence
- c) One photograph each of child, mother and father or the guardian as the case may be.
- d) Photocopies of proofs in support of school specific criteria



QUEEN'S CARMEL SCHOOL (Under the Management of Carmel Education Society (Regd.) (A Co-Educational School Affiliated to CBSE)

## Address:

HS-05, Block D, Beta I, Greater Noida, Uttar Pradesh - 201308

Tel: 0120-4225050 / 4225090, 9891889900 Email: mail@myqcs.in Website: www.myQCS.in