

New Angel Public School

Patiala Road, Zirakpur, Distt. Mohali Punjab Pincode: 140 603

Affiliated to CISCE, New Delhi, School Code: PU049 Email: naps.zkp@gmail.com

Website: www.newangelschool.co.in

REGISTRATION FORM

Date		Registration No	
Name of the Child (in Block Le	tters)		
Session	Class in Which Admiss	ion Sought	
Date of Birth (in figures)	(in words	;)	
Sex (Please Put a tick) Male	Female Nationality of the Child		
Student's Aadhar No. a) Previous Schooling		Religion	
Name & Place of School	Class studied Prom	eriod To Medium of Instruction	
b) Parents Detail :-			
The state of the s	FATHER	MOTHER	
Name	See I had I have been been a see that I have been been been been been been been be		
Qualification	379-10-13-13-13-13-13-13-13-13-13-13-13-13-13-		
Occupation			
Designation		(a))	
Name of Organisation			
Office/Business Address			
Residential Address			
Phone No (S)			
E-mail Address			

b) Ple	ease tick if applicable NAPS Alumini	Staff Ward Real Sibling		
Details of any brother or sister (not cousins) studying in New Angel Public School :				
	Name of the Child	Class		
Medical History (if any)				
	chool transport is required Yes	No		
	e submit the following along with the form:-			
•	 2 passport size photographs of th child A photocopy of the birth Certificate issued by the Municipal Corporation/Civic Authorities A photocopy of the latest progress report card. Aadhar Card Photocopy School Transfer Certificate 			
CERTI	FICATE FOR PARENTS			
I hereby certify that the information given above is true to the best of my knowledge & nothing has been concealed. I fully understand that the school on accepting the registration form of my ward is not in any way obliged to grant admission. I also agree that the decision of the Principal regarding admission will be final and binding on me.				
Date	Signature of Mother	Signature of Father		
For Off	ice use only :			
1.	Admission granted by the Principal			
2.	Noted by the Class Teacher			
3.	Fee Clerk to File			