



Pearl Grace Academy

Developing Creative Leaders

Village -Bhana, Distt. Rajsamand (Rajasthan)

Registration Form

Coloured Photograph of the Scholar

Please Register my son/doughter/ward in class _____ for the session 20____ to 20_____

1. Name(in Block Letters) _____

2. Date of Birth _____ Blood Group _____ Mother Tongue Of Child _____

3. Age as on 1st Apr. 20..... Year _____ Month _____ Days _____ Email _____

4. Religion _____ Nationality _____

5. Status : SC/ST/OBC/Gen. Category.....

Detail of Father	
Name: _____	Age _____
Qualification: _____	Institution _____
Occupation: _____	
Designation: _____	
Approx Annual Income Rs. _____	
Complete Address Of Place of work: _____	
Father tongue _____	
Phone _____	Mobile _____

Detail of Mother	
Name: _____	Age _____
Qualification: _____	Institution _____
Occupation: _____	
Designation: _____	
Approx Annual Income Rs. _____	
Complete Address Of Place of work: _____	
Mother tongue _____	
Phone _____	Mobile _____

6. Present Address _____ Phone No. _____ Mobile _____

Email: _____

Permanent Address _____ Phone No. _____ Mobile _____

Email: _____

7. Last School Attended: _____

8. Detail of Child's	Name	Age	Education,including name of present school
Brother's &			
Sister's			

9. BIRTH HISTORY:
(Complication/History of major illness,if any): _____

10. Medium of instruction in the previous school (English/Hindi) _____

11. Other Language(s):the child can speak and understand _____

12. Please Mantion if the student has applied for admission earlier.
if so,please mantion year & class _____

13. Person to be Contacted (In Case of Emergency) Name _____ Address _____
Tel No: Office _____ Res. _____ Cell _____

14. MEDICAL INFORMATION

Immunization Status:(If done please tickmark)

BCG

Measles

Known Allergies to Machine and food if any (Please specify)

BCG

MMR

DPT

Typhoid

Any Known learning disorder Yes No

BOOSTER FOR OPV

Hepatits B if yes please specify

BOOSTER FOR DPT

Any Other

Name

Class/Name of school

1. As Parents,our aspirations for our child are_____

2. Our expectation from the school and the teachers with respect to our child are_____

3. Our Child,when free,loves to_____

4. As a mother, how much time do you spend with the child and how?_____

5. As a father, how much time do you spend with the child and how ?_____

6. How would you contribute to the growth of your child?_____

7. In case both parents are working who looks after your child at home till you return?_____

8. Does your child suffer from a disability or ailment where the school has to be cautious in handling him/her ?

9. What values would you like to inculcate in your child _____

10. How do you help and encourage your child to learn?_____

11. How would you handle if your child cannot copeup with school work?_____

15. GENERAL INFORMATION:

How did you know about Pearl Grace Academy Source of information (Please tick the appropriate box)

1. Parents of Pearl Grace Academy 2. Word of Mouth 3. Newspaper Ads.
4. School Website 5. Any Other Source

Approximate distance from Pearl Grace Academy _____ Km.

Did you apply for admission earlier at Pearl Grace Academy Yes No

Was the admission offered! Kindly mention details. _____

I hereby certify that the information given in the registration form is complete and agree that misrepresentation or omission of the facts will justify the denial of admission, the cancellation of admission, or expulsion. I have read and do hereby consent to the terms and conditions being enclosed with the registration form.



Date _____

Parents/Guardians

Please Submit :

1. One copy of Date of Birth Certificate (Attested by Gazetted Officer)
2. Copy of proof of Residence. (Attested by Gazetted Officer)
3. Transfer Certificate (Previous School attended for classes UKG onwards)
4. Report Card of Previous Class (UKG onwards)

FOR OFFICE USE ONLY

Registered for Class _____ Meeting on _____

Both the Parents are requested to be present on the day of meeting.

Note: Registration does not guarantee admission.

OFFICE SUPERINTENDENT

ACKNOWLEDGEMENT

Registration No.: _____ Date: _____

Student's Name : _____ Father's Name : _____

Registered For Class: _____

Note: Please bring this Acknowledgement Slip at the time of Test/Meeting