



REGISTRATION FORM

Student Information

Student's Name: -----
(First Name) (Surname)

MALE FEMALE

DATE OF BIRTH

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(dd/mm/yyyy)

PLACE OF BIRTH: -----
(City and Country)

MOTHER TINGUE: ----- NATIONALITY: -----

ADDRESS FOR COMMUNICATION: -----

TELEPHONE NO: -----

EMAIL: ----- FAX: -----

PASSPORT DETAILS: -----

Country: -----

Number: ----- Place of Issue: -----

Date of Issue: ----- Date of Expiry: -----

TYPE OF VISA HELD: -----

Date of Issue: ----- Date of Expiry: -----

NAME AND ADDRESS OF PRESENT SCHOOL: -----

TELEPHONE NO.: ----- FAX: -----

EMAIL: -----

PRESENT CLASS: ----- CURRICULAM FOLLOWED: -----

(e.g. CBSE, ICSE, SSC, IGCSE, IB)

TYPE OF SCHOOL: DAY RESIDENTIAL DAY CUM RESIDENTIAL

MEDIUM OF INSTRUCTION: -----

FIRST LANGUAGE: -----

SECOND LANGUAGE: -----

THIRD LANGUAGE: -----

INTERESTS OF THE STUDENT: -----

Special academic interests -----

Sports, Games and Activities (Indicate level where applicable) -----

Hobbies: -----

Awards or Achievements: -----

Any other information that parents may like to share with us (Specially Medical) -----

NAME OF SIBLINGS/STUDYING IN SUJATHA PUBLIC SCHOOL

NAME: -----

ROLL NO.: -----

CLASS: -----

MALE

FEMALE

NAME: -----

ROLL NO.: -----

CLASS: -----

MALE

FEMALE

HAVE YOU APPLIED EARLIER AS PARENT OR GAURDIAN TO SUJATHA SCHOOL? (YES/NO)

NAME OF APPLICANT: -----

Class and Year of application: -----

Parent's Information

FATHER'S NAME: -----

(Name)

(Surname)

Pass Port
Size
Photo

HOME ADDRESS: -----

TELEPHONE NO.: ----- MOBILE NO: -----

EMAIL1: -----

EMAIL2: -----

QUALIFICATIONS: -----

DESIGNATIONS: -----

OFFICE ADDRESS: -----

WORK PHONE NO.: -----

EMAIL: ----- FAX: -----

ANNUAL INCOME: -----

MOTHER'S NAME: -----

(Name)

(Surname)

Office telephone no. (If working) -----

Qualification -----

Note: It is recommended by the school that all students have a local guardian.

NAME OF THE GUARDIAN: -----

SPOUSE, NAME: -----

RELATIONSHIP TO THE STUDENT: -----

ADDRESS: -----

PHONE NO.: -----

EMAIL: ----- FAX: -----

OCCUPATION: -----

OFFICE ADDRESS: -----

OFFICE PHONE NO.:-----

GUARDIAN'S SIGNATURE -----

NAME: -----

RELATIONSHIP TO THE STUDENT: -----

ADDRESS: -----

TELEPHONE: ----- Fax: -----

EMAIL: ----- MOBILE: -----

LIST OF VISITERS APPROVED BY PARENTS:

1. ----- RELATIONSHIP: -----

2. ----- RELATIONSHIP: -----

3. ----- RELATIONSHIP: -----

All information given is to the best of my knowledge, correct and complete. Additionally, I understand that this application is limited to the academic year in which the boy/girl admitted.

Signature of the parent -----

Name of the parent -----

Note: This application is only to register for the admission test and not a confirmation of the admission.



City Office:

5-9-170, Chapel Road,
Hyderabad – 500 001.
Tel: 040-2320 3755,
2338 7601/7603

Campus:

Survey No. 8,9,11 & 12,
Besides Swami Narayan Gurukul,
Moinabad Road, Nagireddyguda,
Moinabad Mandal,
R.R. District – 500 075.
Andhra Pradesh. INDIA
Tel : 08413-235181,182,183
Cell: 9490850125,9490702425

e-mail: info@sujathapublicschool.com

www.sujathapublicschool.com