



ST. ARNOLD'S SCHOOL
IDC BYPASS ROAD, P.O. - JHARTARANG, VIA-ROURKELA - 4

298

REGISTRATION FORM (CLASS - I)

No. _____

1. Name of the pupil in full [IN BLOCK LETTERS] _____
(EXACTLY AS IN THE BIRTH CERTIFICATE & T. C., WILL NOT BE CHANGED LATER)
Sex : Male Female
2. Date of Birth (Exactly as in the birth certificate) _____
3. Full Name of the Father _____ Designation _____
4. Full Name of the Mother _____ Designation _____
5. Present Address _____

Telephone No. _____ (Office) _____ (Mobile) _____
6. State _____ Religion _____ Sch.Caste/Tribe _____
7. Has He / She a Brother / Sister (Same Father & Mother) in St. Arnold's School ? Yes / No. _____
8. Name of the institution where he / she is attending Nursery _____
9. Signature of the Father _____ Mother _____

ACKNOWLEDGEMENT RECEIPT CUM INFORMATION CARD

298

Reg. No. _____

Duly fill this form without any blanks and submit to the Bursar's Office along with :

- ★ Xerox copy of an authentic Birth Certificate → *Affidavit or undertaking instead of*
- ★ If Roman Catholic, Baptism Certificate also *Birth Certificate will not be entertained.*
- ★ Report Card of KG I & KG II (first semester)

At the time of the submission of form the father, mother and the child will meet the Principal or Vice-principal for an informal discussion. The Principal will tell you what needs to be done further.

इस फार्म को जमा करते समय माता, पिता और बच्चे को प्रधानाचार्य अथवा उप-प्रधानाचार्य से अनौपचारिक मुलाकात करना अनिवार्य है, तत्पश्चात आगे की कार्यवाहि के लिये प्रधानाचार्य के निर्देशानुसार कार्य करें ।

Name of the Father _____ Name of the Mother _____

Any falsification in the date of birth will result in forfeiting admission.

Bus facilities will be available for all directions