Session 2026-2027

School ID: 1309170



REG. NO...

## ST. ROSIER PUBLIC SCHOOL

(RECOGNISED & AFFILIATED TO C.B.S.E)
CD-4, SHALIMAR BAGH, DELHI-110088
(NEAR POLICE STATION)

REGISTRATION/ ADMISSION FORM FOR OPEN/GENERAL SEATS FOR ENTRY LEVEL CLASS (NURSERY) 2026-27

Adm. No	_	Adm. for Class
FATHER'S PHOTOGRAPH	MOTHER'S PHOTOGRAPH	STUDENT'S PHOTOGRAPH
1. Name of the student (In	block letters)	
	<b></b>	
Date	Month	Year
	ss:	
Aadhar No. of Mother  5. Gender: Male	Female One): General/ SC/ST/OBC	
Attach valid certification	ate (self-attested photocopy) <u>If SC/ST/O</u>	<u>BC</u>
7. Class for which admission	on is sought	
3. Father's Name (In block	x letters)	
• Tel. No. (Residence/	Office )Mobile	e No
3. Mother's Name (In bloc	k letters)	
• Tel. No. (Residence/	Office)Mobile	no
9. Guardian's Name (If an	y)	
• Residential Address		
• Tel No. (Residence)	Off. 7	Геl No
• Mobile No		

Please those)	e tick ( ) those parameters which are applicable in your case. (Also	attach docui	eats) nentary proof of
S. no.	Criteria	Marks allotted	Tick( ) the parameters which are applicable in your case
1	DISTANCE OF YOUR RESIDENCE FROM THE SCHOOL DISTANCE (0-5 KMS)	70	
2	SIBLING (REAL BROTHER/SISTER STUDYING IN THIS SCHOOL)	10	
3	ALUMNI/ ALUMNA (FATHER/MOTHER PASSED CLASS XII FROM THIS SCHOOL)	10	
4	ORPHAN/SINGLE PARENT	10	
	TOTAL	100	
(v) Doo	cumentary Proof regarding Point No. 11	(Fath	Parent's signatu er/Mother/Guardia
	Undertaking		
	Father/Mother/ Guardian ofe that information given above by me is based on facts and authention as the cancelled if any information is found to be false in future.		
		]	Parent's signature
ttested	(For Office Work) photocopies of the documents were checked with original at the time	e of admissio	n)

10. Medical Information: Does the child have some special needs (due to any disease)?

If yes, give detail (with proof)