



TAGORE PUBLIC SCHOOL

(RECOGNISED AND AFFILIATED TO C.B.S.E.)

D- BLOCK, NARAINA VIHAR, NEW DELHI - 110028 Phone: 40078486, 45044091

NURSERY REGISTRATION FORM

(Issue of Registration form does not ensure admission)

SESSION – 2025-2026

Date of Issuing of form: _____

Registration No.: _____

IMPORTANT INSTRUCTIONS

- Kindly download and fill the complete form in BLOCK LETTERS with Blue ball point pen.
- Form with Cutting & Overwriting will not be accepted.
- The same must be submitted at the School Reception from Thursday, 28th November 2024 to Friday, 20th December 2024 between 9 a.m. to 1:00 p.m.

Affix Passport
Size Photograph
with name and
current date

1. Name of the Child: _____

2. Gender (Male/ Female): _____

3. Date of Birth (Figures): _____

In words : _____

4. Age as on 31st March, 2025 _____ Years _____ Months _____ Days

5. Aadhar Card Number of the Child: _____

6. Any brother/ sister studying in this school: Yes No

If yes, Name _____ Class _____

7. Residential Address _____

8. Approximate Distance of student's residence to School: Less than 1 km Between 1-3 kms
Between 3-6 kms More than 6 kms

9. Any other Important Information/ **Medical history** of the child _____

10. Family details

| | <u>Father</u> | <u>Mother</u> |
|---------------------------|---------------|---------------|
| Name | : _____ | _____ |
| Educational Qualification | : _____ | _____ |
| Profession/ Occupation | : _____ | _____ |
| Organization Name | : _____ | _____ |
| Designation | : _____ | _____ |
| Office Address | : _____ | _____ |
| | : _____ | _____ |
| Mobile No. | : _____ | _____ |
| E mail ID | : _____ | _____ |
| Whether Alumni | : _____ | _____ |

DECLARATION BY PARENT

We understand that the submission of **Registration Form does not** guarantee admission. It will depend on availability of seats and will be as per guidelines of Directorate of Education.

We also certify that the particulars filled above are correct. We agree that the admission of our ward, **if granted**, will be cancelled if any of the information filled by us is found to be false / incorrect.

Signature of Father: _____

Signature of Mother: _____

Date: _____

Date of Submission _____

Signature of Office Incharge _____

NOTE:

Kindly attach the **self-attested photocopy with date** of the following documents:

- **Date of Birth Certificate of the child**
- **Residence Proof** (Aadhar Card /Voter I-Card / Ration Card issued name of parents/ Utility Bill)
- **Proof of Parent Alumni (if applying under Parent Alumni Category)**
(Class XII Marksheet/ Certificate)