



GOLDEN HEIGHTS SCHOOL

REGISTRATION FORM

Session : 201....-201....

To

The Principal
Golden Heights School
Yamunapuram, Bulandshahr

For office use only

Registration No Dated

For class Session

Admitted / Not Admitted

Dated

Principal

I would like my word Master / Miss to be registered for the class session 20....-20.... commencing in April 201.... He / She is presently studying in class of

My residence address is :

Tel No: Residence

Office

Date of birth of child

(in words)

Religion

Category

(SC / ST / OBC)

A. Particular of Mother

1. Mother's Name :
2. Educational qualification:
3. Designation (if employed)

Mrs

B. Particular of Father

1. Father's Name :
2. Educational qualification:
3. Designation (if employed)
4. Annual Income

Mr

NB: Registration money is not refundable. Registration does not imply admission, which is subject to admission test and interview and also availability of seats.

I certify that I am the bonafied guardian of the child and the information furnished above is correct to the best of my knowledge. In event of my word being admitted to the school, I will abide by the school's rules and procedures in all respects. I understand that the decision of the Principal / advisor shall be final.

Date Signature of parents / Legal Guardian

(Name of the parents)