



Little Flower School

Salempur, Deoria - Dt., U.P. - 274509

Mob. 9453344112, 8765932092

email: littleflowerschoolsalempur@gmail.com

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REGISTRATION FORM

REGISTRATION NO :

1. NAME OF THE PUPIL :

As in the High School Certificate and in Block (Capital)Letter

2. DATE OF BIRTH : SEX : M F AGE :

Day Month Year

3. Last School Attended :

4. Class to which admission is sought:.....

PARENTS DETAILS:

FATHER

MOTHER

NAME :.....

5. OCCUPATION :.....

6. ADDRESS: PERMANENT TEMPORARY

.....
.....
.....

Mobile/ Phone Resi :..... Office:.....

7. ANY RELATIVE brother/sister is studying in this school (write name, class & relation)

i. Name:..... Class:..... Relation:.....

ii. Name:..... Class:..... Relation:.....

8. SUBJECTS/GROUPS OPTED Mark your preference 1,2,3,4 in the coloums provided

i. English , Mathematics, Physics, Chemistry and Computer Science/ Hindi

ii. English, Biology, Physics, Chemistry and Computer Science/ Hindi

iii. English, Accounts, Commerce, Economics and Computer Science/ Hindi/
Mathematics

iv. English , Psychology, Political Science, Sociology, /Hindi/History/Geography

9. Religion:..... (if Christian) Catholic/.....

10. Nationality:..... Mother tongue :.....

11. Caste(SC/ST/OBC/OTHERS):.....
(Specify caste Tribe)

For Office Use Only

12. Subject Allotted

Signature of the Student

Parents

Principal

Academic Achievement (To be shown out of 100)

		Eng	Hin	Maths	Phy	Che	Bio	CTS	Total	Percent (Aggregate)
Class - IX	Half Yearly Term									
	Annual Term									
Class - X	Half Yearly									
	Pre- Board									
ICSE Exam										

Achievement in Sports & Games (Inter School or Inter House):

1.
2.

DECLARATION BY THE STUDENT

I, S/o, D/o assure that the details furnished above by me are true and bonafide, and I shall be responsible for the same.

Yours Faithfully

Place:

Date :

(Sign. & Name of the Student)

DECLARATION BY THE PARENT

I, Natural guardian of hereby certify the authenticity of the details given above by my ward, and undertake the responsibility of his/her good conduct and assure my best co-operation to the success of the school activities.

Place :

Signature:

Date:

Name: