



Spring Days School

Shaping Lives. Nurturing Future.

I-Block, Ashok Vihar-I, Delhi-110052
Ph. : 9650824040, 9958153883

Recent photo of the child
(Please paste
Do not staple)

Form No. _____

Date of Submission _____

Registration No. _____

REGISTRATION FORM – General Category

I wish to register my son/daughter for admission in the school, as per particulars given below, which I certify to be correct. I agree to abide by all the rules and regulations of the school.

Name of the student :

Gender : Male Female

Date of Birth : Date Months Year

Age as on 31st March 20____ : Years Months Days

Category : Gen SC ST OBC Others

Admission sought in class :

School & Class last attended :

Permanent Address :

Telephone No. :

Mobile Resi

Parents' Annual Income :

Is any sibling studying in this school: Yes/No (if yes, write Name & Class) _____

Is child suffering from any type of Disability? Yes/No (provide details if yes.) _____

ACKNOWLEDGMENT SLIP (to be retained till Admission)



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Webside : www.springdays.in
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No.
Date:

Name of the Child :

Father's/Guardian's Name :

Official Stamp

- Registration form should be properly filled
- Proof of date of birth and residence to be submitted along with filled form
- Admission depends on the points criteria declared by the school.

