

Regd. No.R/LUC/14469

Recog.by U.P. Govt.

S. No. ....

Phone: 9336096300

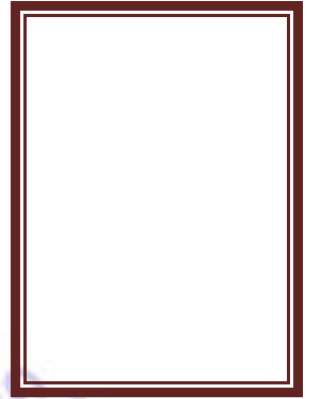
(U.P. Board)



# Village Montessori High School

Academic Session 20.....-.....

## **ADMISSION FORM**



1. Name of the Student .....Male/Female.....
2. Admission in Standard/Class .....Application Date .....
3. Date of Birth .....(In Words) .....
4. Last School Attended .....
5. Religion .....Nationality .....Aadhar Number.....
6. E-mail ID .....Pen No .....

### **DETAILS OF PARENTS/GUARDIAN**

1. Father's Name .....Occupation .....
2. Mother's Name .....Occupation.....
3. Father's Mobile No. ....Mother's Mobile No. ....
4. Father's Aadhar No. ....Mother's Aadhar No. ....
5. Guardian's Name .....
6. Relation with Child .....
7. Permanent Address .....
8. Present Address .....
9. Details of Brothers & Sisters Studying in this School:
  - i. Name .....Class .....
  - ii. Name .....Class .....
  - iii. Name .....Class .....
  - iv. Name .....Class .....

I .....undertake that the above given information is true to my knowledge. I will abide by all rules of the School.

Sig. Of Parent/Guardian .....

Date .....

Certified that the above information has been filled in by Parent/Guardian and same has been checked by me.

Signature of Principal