



MADHUBAN PUBLIC SCHOOL

Kuchpura, P.O.- Agondh, Tehsil-Nissing Dist.-Karnal, Haryana-132024

Ph.: 9034956334,

E-mail : madhuban.school@yahoo.in



Photograph

Registration Form

Student's Particulars

Full Name

Preferred Name Date of Birth (B.S) (A.D)

Age on 01/04/20 (In words) (In figures).....

Gender Religion Nationality

Caste (Optional) Admission sought for Grade/Class

Previous School Medium

Student's Physical Address : Ward No. House No. City/Village

District Zone/State Country

Student's Mailing Address : Ward No. House No. City/Village

District Zone/State Country

Particulars of Parents

	Mother	Father
Name		
Educational Qualification		
Occupation/Profession		
Monthly Income		
Office Address		
Office Phone No.		
Personal Phone No.		
E-mail :		

List of other Children (Age 16 Under Residing in Your Home)

Name	Children No. 1	Children No. 2	Children No. 3	Children No. 4
Age				
Gender				
Relation				
Current School				
Grade / Class				

Other Information

- (a) If both husband and wife are working, who looks after the child in your absence?
- (b) Who takes leave when the child is unwell?
- (c) Is your child an extrovert/introvert/ambivert?
- (d) What type of toys and games does your child like to play with?
- (e) Give your observation about your child's talents, skill, interest etc.
-
- (f) What values would you like to inculcate in your child?
- (g) Would you like the school to focus on academics or on overall development of the child?
-
- (h) Does your child have disability/special need?
- (i) If your child has received / is receiving special education services, please specify the area/s of need

- | | | |
|--|---|---|
| <input type="checkbox"/> Gifted | <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Emotional Disturbance |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Austin | <input type="checkbox"/> Speech and Language Impairment |
| <input type="checkbox"/> Deaf-Blind | <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Development Delay |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Specific Disability |

Multiple Disabilities - if any

Declaration to be signed by the Parent / Guardian

I do hereby affirm and agree, by applying my signature to the document, that this registration does not automatically admit my ward to the Madhuban Public School. Academic transcripts, interviews and testing records are taken into consideration. The Admission Committee of the School reserves the right to make a final decision.

Signature of Parent / Guardian

Name of Parent / Guardian

Date

Tear from Here
(To be filled by the School Office)

Acknowledgement of Registration

Form No.



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Managed by: Dayanand Vedic Mission Educational & Charitable Management Society, Delhi - 110019

Name of the Child

Registered for Admission to Grade / Class Session

Appear for Admission Test / Interview on at

Date

Signature of School Official