

Galaxy Public School

Galaxy Enclave Sector – E (Extn.), Sainik Colony, Jammu

REGISTRATION FORM

Academic Session _____ - _____

(For Office Use)

Registration Form No. _____ Receipt No. _____

Please register the name of my son/daughter/ward for admission to your school.

Admission to Class _____

1. **Child's Name** (Block Letters) _____

2. Gender (please tick) : Male Female

3. Date of Birth D D M M Y Y Y Y

(In words) _____

4. Nationality of the child _____ Whether belongs to SC/St/OBC Yes No

5. Residential Address with complete postal address & telephone number (s) Res. Tel. No.

6. **Father's Name** (Block Letters) _____

Academic Qualifications _____

Occupation & Designation _____

Name & Address of the Organization where employed _____

Office Tel. No. (s) _____ Mobile No. _____

E-Mail : _____

7. **Mother's Name** (Block Letters) _____

Academic Qualifications _____

Occupation & Designation _____

Name & Address of the Organization where employed _____

Office Tel. No. (s) _____ Mobile No. _____

E-Mail: _____