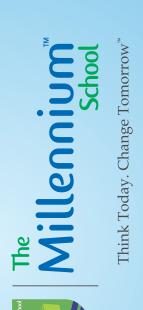
RECEIPT



UNDERTAKING

I/We hereby certify that the information is correct to the best of my / our knowledge and belief. Further, I/We fully understand that if any information is found to be false/incorrect, the admission of my / our ward will stand cancelled. I/We also understand that the application for registration does not guarantee admission to my / our ward. If my/our son /daughter is selected for admission, we hereby agree and give consent to abide by the rules and regulations of school as applicable now and as amended from time to time.

Affix a recent passport sized colour photograph of the Mother	Affix a recent passport sized colour photograph of the Father	Affix a recent passport sized colour photograph of the Guardian		
Mother's Name	Father's Name	Guardian's Name		
Signature	Signature	Signature		
FOR OFFICE USE ONLY Admission order by the Head of the School Admitted Class		Not Admitted W.E.F. Signature of the Head of the School		

ENCLOSURES TO BE SUBMITTED ALONG WITH THE REGISTRATION FORM

Note

- 1. Please attach photocopy of the following supporting documents:
- I. Birth Certificate of the Child. (Issued by the Municipal Corporation or any competent authority)
- II. Proof of Residence. (Passport / Voter ID/Electricity Bill/Ration Card.
- III. Proof of Sibling if studying at TMS (Wherever Applicable).
- IV. Final Progress Report of the previous class and the recent Progress Report of the Current Class. (Wherever Applicable).
- 2. Two recent passport sized photographs of the Child and each Parent to be submitted.
- 3. Short-listed students will be informed by Post/Telephone/Email.
- 4. Incomplete forms are liable to be rejected without any intimation.

Form Serial No.:





Think Today. Change Tomorrow™

REGISTRATION FORM

Session 20 🗌 🗀 = 🔲 🔲

Affix a recent passport sized colour photograph of the Child

Name of the Child
Admission sought in Class
Registration No.
Date of Issue

(Please fill the Form in capital letters only)

1.	How did you learn about the	ne opening of Re	gistrations at The	e Millennium Sch	iool.	
	Advt. Website	Pre-School	Friends 🗌	Other 🗌		
2.	Name of the Child:					- M 🗌 F 🗌
3.	Date of Birth (dd/mm/yyyy)): 🗌 🗎 🔲 🖺				
4.	Place of Birth:	City of	Birth:	State of	f Birth:	
5.	Age as on 31st March 20	□□:□□ Years	☐☐Months	□□Days	Blood Grou	ıp:
6.	Admission sought in Class	s (in words):				
7.	Nationality:		Domicile of:			
8.	Mother Tongue: Hindi	English 🗌	Gujarati□	Other (spe	ecify) 🗌	
9.	Admission Category:	GEN□	EWS□	Others (plea	ase specify)_	
10.	Is your Child suffering from	any Chronic Dise	ease / Illness / Alle	ergy / Disabilities	which the sch	ool should be
	aware of					
11.	Residential Address (Local	l Address) House	No./Plot No.:			
	Locality:					
	City:		State:		Contact No.:	
12.	Distance from the School i	n kms:				
13.	Permanent Address (Posta	al Address) House	e No./Plot No.:			
	Locality:					
	City	State _		Contac	t No	
Ple	ase fill in the following:			Mother		
N	ame:					
A	ge:					
Α	cademic Qualification:					
P	rofession:					
0	rganisation:					
D	esignation:					
0	ffice Address:					
С	ity/State:					
0	ffice & Mobile No.:					
E	-mail:					

Please	fill in the following:		F	Father		
Name	9:					
Age:						
Acad	emic Qualification:					
Profe	ssion:					
Orga	nisation:					
Desig	nation:					
Office	Address:					
City/S	State:					
Office	e & Mobile No.:					
E-ma	il:					
a) Oth	er Details: Kindly fill this	if applicable				
,	nt School:			Cur	rrent Class:	
	m of Instruction of Schoo			n: CBSE/ICSE		
	I Address:				,,-,	
00,,00	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	Olean		-	0	II 0/ / O	
b)	Class	Exam Overall %/ Grade		II %/ Grade		
c) Wh	ether any Sibling/s (Real	Brother/Sister) who ha	ave applied o	r studving at Tl	MS	
If yes,						
, ,	Name of the Child	Admission No.	Class Section		Section	
	Trainie er ane er ma	7.4465.67				
What a	are your Child's special S	kills and Interests? Me	ntion achieve	ements if any:		
What e	expectation do you have	from the School?				
Area o	f Interest where Parental	Contribution could en	rich the Scho	ol		
Music/	Dance/Drama 🗌 🥄	Social Skills	Pai	nting/Sculpture	e 🗌 Sports	
Acade	mics 🔲 I	Public Speaking	Co	mmunication S	Skills Media / P	R \square
Bus/O	uting Supervision 🗌 (Community Programm	es 🗌 Cai	reer Counsellir	ng 🗌 Medical	
Others						
Mentio	on two preferences for the	e desired Bus Stop	Preference 1	_	Preference 2.	

Affix a recent passport sized colour photograph of the Child

Admission to Class
Registration No
Date
Join us for an Interactive Session
on(Date)

_ (Time).

Name of the Student _

Admission in Charge

- * Please carry originals of all the documents attached with the Registration Form
- * Please carry this Receipt on the day of Interaction

