

Form Serial No.

ACKNOWLEDGEMENT 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

Not Admitted

Class _____ W.E.F. _____

Signature of the Head of the School

ENCLOSURES TO BE SUBMITTED ALONG WITH THE REGISTRATION FORM

Note:

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



Form Serial No.:



The Millennium School™
School

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 opening of Registrations at The Millennium School.

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 Birth: _____

5. Age as on 31st March 20:: Years Months Days Blood Group: _____

6. Admission sought in Class (in words): _____

7. Nationality: _____ Domicile of: _____

8. Mother Tongue: Hindi English Gujarati Other (specify) _____

9. Admission Category: GEN EWS Others (please specify) _____

10. Is your Child suffering from any Chronic Disease / Illness / Allergy / Disabilities which the school should be aware of _____

11. Residential Address (Local Address) House No./Plot No.: _____

Locality: _____

City: _____ State: _____ Contact No.: _____

12. Distance from the School in kms: _____

13. Permanent Address (Postal Address) House No./Plot No. : _____

Locality: _____

City _____ State _____ Contact No. _____

Please fill in the following:

Mother

Name:	
Age:	
Academic Qualification:	
Profession:	
Organisation:	
Designation:	
Office Address:	
City/State:	
Office & Mobile No.:	
E-mail:	

Please fill in the following:

Father

Name:	
Age:	
Academic Qualification:	
Profession:	
Organisation:	
Designation:	
Office Address:	
City/State:	
Office & Mobile No.:	
E-mail:	

a) Other Details: Kindly fill this if applicable

Current School: _____ Current Class: _____

Medium of Instruction of School : _____ Board of Affiliation: CBSE/ICSE/IB/Others

School Address: _____

b)

Class	Exam	Overall %/ Grade

c) Whether any Sibling/s (Real Brother/Sister) who have applied or studying at TMS

If yes,

Name of the Child	Admission No.	Class	Section

What are your Child's special Skills and Interests? Mention achievements if any:

What expectation do you have from the School?

Area of Interest where Parental Contribution could enrich the School

- Music/Dance/Drama Social Skills Painting/Sculpture Sports
- Academics Public Speaking Communication Skills Media / PR
- Bus/Outing Supervision Community Programmes Career Counselling Medical
- Others

Mention two preferences for the desired Bus Stop: Preference 1. _____ Preference 2. _____



Name of the Student _____

Admission to Class _____

Registration No. _____

Date _____

Join us for an Interactive Session

on _____ (Date)

at _____ (Time).

Admission in Charge

* Please carry originals of all the documents attached with the Registration Form

* Please carry this Receipt on the day of Interaction