

(TO BE FILLED IN BY PARENTS ONLY)  
NEO CONVENT SR. SEC. SCHOOL  
G-17, AREA, PASCHIM VIHAR, NEW DELHI-63  
Our Website : [www.neoconventschool.com](http://www.neoconventschool.com)

REGISTRATION FORM FOR PRE-SCHOOL/LKG  
**SESSION 2022-23**  
**(TO BE FILLED IN OWN HANDWRITING BY PARENTS)**

Paste photo  
of the child

Reg. No \_\_\_\_\_  
(To be filled by the School)

Registration for Class **L.K.G./PRE-SCHOOL**

1. \* Name of the Student (in block letters) \_\_\_\_\_

2. \* Date of Birth (**Between 01.04.2018 to 31.03.2019**)

Date	Month	Year

(In words \_\_\_\_\_)

3. \* Sex:  Male  Female

(Please tick the appropriate one)

4. Student's Aadhar No. \_\_\_\_\_ (12 digit)

5. Class for which admission sought **L.K.G. /PRE-SCHOOL**

6. Details of previous school attended by the child if any:

School: \_\_\_\_\_

Year of joining \_\_\_\_\_

Year of leaving \_\_\_\_\_

7. \* Father's/Guardian's Name (In block letters) \_\_\_\_\_

In Govt/Pvt.Service /Self employed/Unemployed\_\_\_\_\_

Profession/Designation \_\_\_\_\_

If In Service Job Transferable or not \_\_\_\_\_

Serving in Defense/Para military Services \_\_\_\_\_

Office Address if any: \_\_\_\_\_

Father's Qualification : \_\_\_\_\_

Annual Income : \_\_\_\_\_

Residential Address: \_\_\_\_\_

- Tel.No. [Residence] \_\_\_\_\_ Office Tel.No. \_\_\_\_\_  
Mobile No. \_\_\_\_\_
- Father's Aadhar No. \_\_\_\_\_ (12 digit)  
E-mail \_\_\_\_\_  
Category – General/SC/ST/OBC) – Attach proof.
8. \* Mother's Name (In block letters) \_\_\_\_\_  
In Govt/Pvt.Service/Self employed /Unemployed \_\_\_\_\_  
Profession/Designation \_\_\_\_\_  
If In Service Job Transferable or not \_\_\_\_\_  
Serving in Defense/Para military Services \_\_\_\_\_  
Office Address if any: \_\_\_\_\_  
Mother's Qualification : \_\_\_\_\_  
Annual Income : \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
Tel.No. [Residence] \_\_\_\_\_ Office Tel.No. \_\_\_\_\_  
Mobile No. \_\_\_\_\_  
Mother's Aadhar No. \_\_\_\_\_ (12 digit)
9. Place of Residence- Govt./Govt. approved colony as per master plan/others  
[Tick the appropriate]
10. Are you in a position to provide safe transportation to the student  
to and from the school? Yes No
11. \* Medical information: Is the child suffering from any  
serious/chronic disease/disability : Yes / No  
(Admission will be subject to submission of medical fitness  
certificate by a Registered Medical Practicenor)
12. \* Religious/Linguistic Minority \_\_\_\_\_  
[Please specify Minority]
13. \* Sibling (Real brother/Sister only)  
No. of brothers/sisters \_\_\_\_\_ brothers/ \_\_\_\_\_ sisters  
If sibling in the **Same School** Sibling Name \_\_\_\_\_  
Give Details of siblings Class /Sec. \_\_\_\_\_
14. School Alumni [Tick the appropriate] Father Yes No  
(Only Class XII pass outs)  
( If yes tick the appropriate) Mother Yes No

15. Record of parents providing services towards betterment of society.

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(Use a separate sheet if required)

16. Perspective towards School & School education

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(Use a separate sheet if required)

**\* fields are mandatory**

**Please register my son/daughter/ward named above in your school, I shall produce the original requisite documents at the time of admission.**

Signature of Father \_\_\_\_\_ Signature of Mother \_\_\_\_\_

Please enclose Self Attested Photocopies of the applicable documents. Original will be checked at the time of admission.

**Incomplete form will be rejected.**

1. Birth Certificate of the child issued by M.C.D/appropriate authority.
2. Aadhar Card of the child
3. Certificate of previous school (if applicable)
4. Residential Proof.
5. If child is suffering from any chronic disease/disability then attach a copy of records.
6. Proof of being a member of Religious/Linguistic Minority
7. Proof of being an Alumni of school –class XII certificate only
8. Proof of being a single parent (if applicable).
9. Proof of profession
10. Proof of record of parents providing services towards betterment of society.

Fields marked with \* are **Mandatory.**

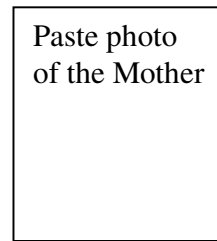
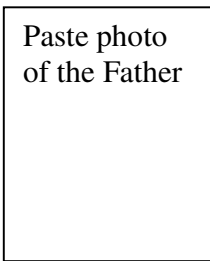
**The School reserves the right to reject forms if found incomplete, illegible, overwritten, soiled or torn, or with wrong information.**

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UNDERTAKING

I \_\_\_\_\_ (Name) Father/Mother of

\_\_\_\_\_ (Name of the Child) hereby declare that the information given above is true and correct to the best of my knowledge and belief. I have read and understood all the provisions of the notification in this regard. In case any information is found false or incorrect on verification, the admission of my ward may be cancelled. In the event of our child being granted admission in the school, I/we guarantee to pay the fees as charged by the school during the year/s.



Signature of Father \_\_\_\_\_

Signature of Mother \_\_\_\_\_

Dated :

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