



CALORX PUBLIC SCHOOL

Chatadiaya Road, Savitanagar, Rajula City, Dist.: Amreli, Gujarat.

REGISTRATION FORM FOR PRE SCHOOL

(Use Block Letters)

Reg. No. : _____

Class : _____

**ISSUE OF REGISTRATION FORM
DOES NOT ENSURE ADMISSION**

**REGISTRATION FEE
NON-REFUNDABLE**

Read instructions overleaf before filling up the form	Name of the Applicant : _____		Last column to be filled by school office only (bracket portion indicates weightage points)	
	Date of Birth : DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
	Father's Name : _____			
	Mother's Name : _____			
1.	Residential Address : _____ _____ _____ _____ _____ Pin Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Contact Phone No. _____ (M) E-mail Address _____	Locality Code (Please check the Notice board) <input type="text"/>	1(20)	
2.	Sibling Real brother/sister only Yes <input type="checkbox"/> No <input type="checkbox"/> (Tick the appropriate) If sibling is in the same school, Name _____ give details of sibling Class-Section _____		2 (20)	
3.	CPS Alumni [Tick the appropriate] If Yes, year of passing (A) Father Yes <input type="checkbox"/> _____ No <input type="checkbox"/> (B) Mother Yes <input type="checkbox"/> _____ No <input type="checkbox"/>		3 (5+5)	
4.	Nationality of the Child : _____			

5.	<p>Educational Qualification : Post Graduation or Graduation or Sr. Secondary School Exam. or Sr. Secondary School Exam. 10+2 or Equivalent 10th or Equivalent</p> <p>(Tick highest qualification only)</p> <p>(A) Father <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>(B) Mother <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	5(20)
6.	<p>Gender Boy <input type="checkbox"/> Girl <input type="checkbox"/></p>	6(5)
7.	<p>Parent Occupation</p> <p>Father [For occupation code See page - 3]</p> <p>Occupation Code <input type="text"/></p> <p>Designation <input type="text"/></p> <p>Organisation Name <input type="text"/></p> <p>Organisation Add. <input type="text"/></p> <p>Mother [For occupation code see page - 3]</p> <p>Occupation Code <input type="text"/></p> <p>Designation <input type="text"/></p> <p>Organisation Name <input type="text"/></p> <p>Organisation Add <input type="text"/></p>	7(5)
8.	<p>Illusturative list of parameters :</p> <p>Single Parent Father <input type="checkbox"/> Mother <input type="checkbox"/></p> <p>Staff Ward Father <input type="checkbox"/> Mother <input type="checkbox"/></p> <p>Children belonging to disadvantaged groups Name : OBC <input type="checkbox"/></p> <p>SC/ST <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Children of transferable Government employees <input type="checkbox"/></p> <p>OR</p> <p>Children of personnel of Defence and paramilitary forces <input type="checkbox"/></p>	<p><input type="text" value="5"/></p> <p><input type="text" value="5"/></p> <p><input type="text" value="5"/></p> <p><input type="text" value="5"/></p>
9.	<p>Provide Information about child's medical history if any :</p> <p>- All Immunization <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>- Specific disease suffered / prevailing _____</p> <p>- Operations undergone (if any)</p> <p>- Regular Medicine (if any)</p>	

Occupation Code:

Code	Occupation
ADV	Advocate
AWS	Airways
ARC	Architect
DEF	Army/Navy/ Air Force- Defence Services
BNK	Bank Employee
BUS	Business
CAC	Chartered Accountant
DOC	Doctor
EDU	Educationist
EMB	Embassy Employee
FIN	Financial Organisation Employee
HTL	Hotel
CTV	Civil Services
INT	International Organisations
NWS	Journalist / AIR / Print Media
MER	Merchant Navy
OTH	Others
PVT	Private Sector Employee
PUB	Public Sector Employee
RWS	Railway Employee
SCT	Scientist

AGREEMENT

I/We hereby certify that the above information provided by me/us is correct and I/we understand that if the information is found to be incorrect or false, my ward shall be automatically debarred from selection/ admission process without any correspondence in this regard. I/we also understand that the application / registration / short listing does not guarantee admission to my ward. I/we accept the process of admission undertaken by the school and I/we will abide by the decision taken by the school authorities.

I/We, the undersigned, bind ourself and our son / daughter / ward to abide by the school rules & regulations in all respect and rules & regulations which may be changed or intorduced by the school from time to time.

In all matters of dispute the decision of the Principal, Calorx Public School, Rajula will be final and binding on we and our son / daughter / ward.

In case of gross violation of school rules, I/We shall withdraw our ward from the school, if the management so desires.

If the form is not complete in all respects, the applications may be summarily rejected.

Signature of the mother

Signature of the father

Name of mother:

Name of father:

Date: _____

Please return this form duly filled in, latest by _____