



N.S. PUBLIC SCHOOL

E-3B, SECTOR - 26, NOIDA - 201301

PH. 0120 - 2555863, 2542681

SR. NO.

REGISTRATION FORM

Class: L K G

Session : 2025 – 26

For Class LKG, age should be 4+ as on 31-03-2025.

1. NAME OF THE CHILD (in CAPITAL letters) : _____

2. SEX : MALE FEMALE

3. DATE OF BIRTH : DAY MONTH YEAR

In words _____

4. DETAILS OF PARENTS :-

DETAILS OF MOTHER/ FATHER	MOTHER	FATHER
NAME (in CAPITAL letters)		
QUALIFICATION		
OCCUPATION		
FULL RESIDENTIAL ADDRESS		
CONTACT NUMBER(s)		
ANNUAL INCOME (in ₹)		

6. WHETHER THE CHILD ATTENDED ANY SCHOOL? YES NO

IF YES, SPECIFY NAME & ADDRESS : _____

DECLARATION FROM THE PARENT

1. I/We hereby certify that the above information provided by me/us is correct
2. I/We also understand that the application / registration / short listing does not guarantee admission to my ward.
3. I/We accept the process of admission undertaken by the school.
4. I/we will abide by the decision taken by the school authorities.

SIGNATURE _____

DATE _____