

FORM NUMBER .....



# STUDENT REGISTRATION FORM

All registrations are  
received and reviewed on a  
first come, first serve basis.

## STUDENT INFORMATION

FIRST NAME ..... SURNAME .....

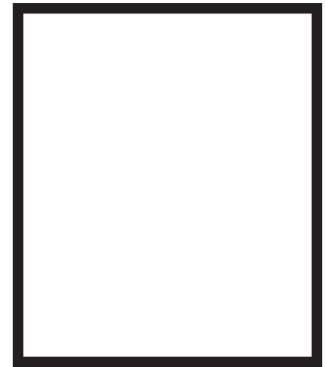
GENDER ..... AGE ..... DOB .....

APPLYING FOR CLASS .....

LAST ATTENDED CLASS .....

LAST ATTENDED SCHOOL .....

REASON FOR LEAVING THE PREVIOUS SCHOOL .....



## PARENT: MOTHER

NAME .....

EDUCATIONAL QUALIFICATION .....

OCCUPATION .....

MOBILE NO. ....

WHATSAPP NO. ....

EMAIL ID .....

POSTAL ADDRESS .....

.....

## PARENT: FATHER

NAME .....

EDUCATIONAL QUALIFICATION .....

OCCUPATION .....

MOBILE NO. ....

WHATSAPP NO. ....

EMAIL ID .....

POSTAL ADDRESS .....

.....

## IN CASE OF GUARDIAN

NAME ..... RELATION WITH THE CHILD .....

OCCUPATION ..... MOBILE ..... EMAIL ID .....

POSTAL ADDRESS .....

DOES YOUR CHILD HAVE ANY ALLERGIES? YES ☐ NO ☐

IF YES, PLEASE SPECIFY .....

DOES YOUR CHILD HAVE ANY SPECIFIC MEDICAL CONDITION? YES ☐ NO ☐

IF YES, PLEASE SPECIFY .....

IS YOUR CHILD ON ANY KIND OF MEDICATION? YES ☐ NO ☐

IF YES, PLEASE MENTION .....

DOES YOUR CHILD HAVE ANY SENSORY ISSUES? YES ☐ NO ☐

IF YES, PLEASE SPECIFY .....

DOES YOUR CHILD HAVE ANY SPECIFIC BEHAVIOUR ISSUES? YES ☐ NO ☐

IF YES, PLEASE SPECIFY .....

PRIMARY LANGUAGE SPOKEN AT HOME .....

OTHER LANGUAGES THE CHILD UNDERSTANDS AND RESPONDS TO .....

NAME AND CLASS OF SIBLING CURRENTLY STUDYING IN RMPS (IF APPLICABLE) .....

IS THERE ANY OTHER INFORMATION THAT YOU WANT THE SCHOOL TO KNOW ABOUT YOU OR CHILD?

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### PARENT DECLARATION

I WISH TO ADMIT MY CHILD IN ROSE MOUNT PATHWAYS SCHOOL FROM THE SESSION .....  
I UNDERSTAND THAT ADMISSION IS ON FIRST COME FIRST SERVE BASIS. I AM AWARE OF THE  
MONTHLY FEE, ADMISSION FEE AND THE ANNUAL CHARGES .I AGREE TO DEPOSIT THE ABOVE AT  
THE TIME OF ADMISSION.

.....  
SIGNATURE OF THE PARENT/GUARDIAN

.....  
DATE

### FOR OFFICE USE

REGISTRATION FORM NO. .... ADMISSION OFFERED YES ☐ NO ☐

SESSION ..... CLASS .....

NOTE .....

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