



# RPS INTERNATIONAL SCHOOL

the way you want your school to be

## REGISTRATION FORM

- Sibling in RPS
- Staff Member

Please affix  
a recent  
passport size  
photograph  
of your ward

Registration No.: .....

1. Admission for: ..... Aadhar No. ....

2. Full name of Child : ..... Blood Group : .....

3. Date of Birth:  DD  MM  YY Sex :  M  F

Nationality : ..... Category : Gen./OBC/SC/ST/Others .....

4. Name of the previous school attended : .....

5. Residence Address : .....

6. Contact No.: .....

7. Parents :	Father's	Mother's
(1) Name (in Block Letter)	.....	.....
(2) Qualification	.....	.....
(3) Occupation	.....	.....
(4) Designation	.....	.....
(5) Name (Office)	.....	.....
(6) Address (Office)	.....	.....
(7) Tel (Office)	.....	.....
(8) E-Mail	.....	.....
(9) Mobile	.....	.....
(10) Annual Income (in Rs.)	.....	.....

Please affix  
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Mother

Please affix  
a recent  
passport size  
photograph  
of your ward

Father

Please affix  
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Guardian

8. Transport :  Required  Not required

9. If mother is working, who looks after the child? .....

10. Language(s) in child's home situation :

Child's mother tongue ..... other language(s) .....

Mother speaks ..... Father speaks .....

11. How often do you take your child for outing? .....

12. Details of Siblings : .....

Name : ..... Name : .....

Age : ..... Age : .....

School : ..... School : .....

13. Is day boarding required?  Yes  No

14. How did you come to know about RPS INTERNATIONAL SCHOOL?

(1) Newspaper (Name of the newspaper) .....

(2) Word to Mouth Publicity .....

(3) Any other .....

15. Does your child have any health problem?

If yes, please elaborate .....

(1) I Certified that the date of Birth as given is correct to the best of my knowledge. Original & attested photocopy of municipal birth certificate/affidavit are attached along with this form.

(2) I understand that the information given above if found incorrect at any stage subsequently would automatically lead to cancellation of admission.

(3) I agree to abide by the rules & regulations of the school.

Sign. of Parents / Guardians

**For office Use Only**

Registration No. .... Form received on : .....

Interactive session will be held on ..... at .....

(Authorised Signatory)