



# ROGATIONIST

ACADEMY

CBSE SCHOOL

## ADMISSION FORM

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  M  F

Place of Birth: \_\_\_\_\_ Blood Group : \_\_\_\_\_

Religion: \_\_\_\_\_ Caste: \_\_\_\_\_

Nationality: \_\_\_\_\_

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

Residential Telephone No: \_\_\_\_\_ E-mail ID: \_\_\_\_\_

Name of Father: \_\_\_\_\_ Name of Mother: \_\_\_\_\_

Nationality: \_\_\_\_\_ Nationality: \_\_\_\_\_

Religion: \_\_\_\_\_ Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

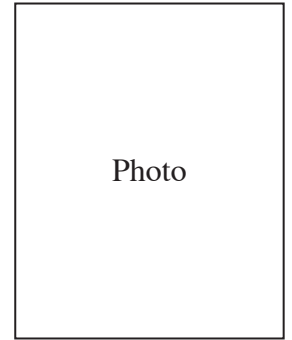
Mobile No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Class: \_\_\_\_\_

Name of Previous School : \_\_\_\_\_

If any other Children Studying in this School : \_\_\_\_\_



Signature of Parent/Guardian

Regd. No. : \_\_\_\_\_

Date of Interview : \_\_\_\_\_ Time : \_\_\_\_\_

Signature of Principal: \_\_\_\_\_ Date : \_\_\_\_\_