



Mayoor School, Noida

In collaboration with
MAYO COLLEGE GENERAL COUNCIL, AJMER



Regn. No.:

Sector: 126, Expressway, Noida
Tel.: 9818689996, 9871802866, 0120-4618300, 4618301
Email: mayoornoida@gmail.com, info@mayoornoida.net
Web: www.mayoornoida.net



CLASS REGISTRATION FORM (SESSION 20.....)

The form should be filled by the parents in their own handwriting (Write in Capital Letters).

PARTICULARS OF THE CHILD

Name of the Child : Male / Female :

Date of Birth : Date of Birth (in words) :

Age as on 1st April, 201..... (DD/MM/YY) Place of Birth :

Name of the Play School attended/Previous School :

Religion : Nationality : Mother Tongue :

Other languages child can speak and understand :

Permanent Address :

.....

Phone No.:

Present Address :

.....

Phone No.:

PARTICULARS OF PARENTS / GUARDIANS

FATHER

MOTHER

Name :

.....

Age :

.....

Educational Qualification :

.....

Mobile No. :

.....

Email ID :

.....

Occupation :

.....

Name of Organization :

.....

Designation :

.....

Office Address :

.....

.....

.....

Office Tel. No. :

.....

Monthly Income :

.....

Nature of Business :

.....

Office Timings :

.....

PARTICULARS OF SIBLINGS

Name	Age	Studying in School	Class

QUESTIONS FOR THE PARENTS

1. What are the reasons for preferring 'Mayoor School' for your child?
.....
2. What are your expectations from school and teachers?
.....
3. How did you learn about 'Mayoor School'?
.....
4. In what ways can you help the school?
.....
5. Nature of family - Joint Family / Nuclear Family / Single Parent :
.....
6. Describe your child's personality :
.....
7. As a mother, how much quality time do you spend with your child and how?
.....
8. As a father, how much quality time do you spend with your child and how?
.....
9. If parents are working who will be looking after your child at home?
.....
10. As a parent, how could you help your child to become more responsible for his / her own learning?
.....
11. How would you contribute to the overall development of your child?
.....
12. Are there any family circumstances that might affect your child's performance?
.....
13. What values would you like to inculcate in your child?
.....
14. Does the child suffer from a disability or ailment where the school has to be cautious in handling the child?
.....

15. What are the areas of your child's interest?

.....

16. What do you do when your child throws tantrums?

.....

17. How independent is your child?

.....

18. How do you perceive your role as a parent in the education of your child?

.....

Signature

Father

Mother

Note :

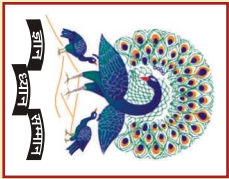
1. Both parents must accompany the child for interaction.
2. Photocopies of documents must be attached.
3. Incomplete and incorrect forms will not be accepted.
4. If required parents can attach extra sheets of paper wherever they feel constraint of writing space.
5. Submission of form does not guarantee admission.

FOR OFFICE USE ONLY

Please be present on :

Date : **Time :**

Signature of Office Superintendent



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Class :

Regn. No.:

Received Registration form of :

Son / Daughter of

You are required to bring your ward on (date)

at (time).

Note : Please attach attested photocopies of :

1. Birth Certificate (Pre-Nursery/Nursery & KG)
2. Vaccination Card (Pre-Nursery/Nursery & KG)
3. Previous Years Mark Sheet & Transfer Certificate (Class 1st onwards)
4. Address Proof
5. Parents Photograph

Sign of OS/FOM