



KAYJAY

SENIOR SECONDARY SCHOOL

PATIALA

Child's Photo

Father's Photo

Mother's Photo

Form No.

FOR OFFICE ONLY

Registration No.		Date of Registration		Registration Fee Receipt No.			
Admission No.		Date of Admission		Year Applied		Class Admitted	
Roll No.		Aadhar Card No.		AW No.			

I. CHILD DETAILS (PLEASE FILL IN BLOCK LETTERS ONLY)

Name		Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth	___/___/___	
Father Name		Aadhar Card No.		Place of Birth		
Mother Name		Aadhar Card No.		Nationality		
Student Bank A/c No.		IFSC Code		Bank Name		
Fluent In English	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Mother Tongue		Other Languages	

II. ADDRESS

Permanent Residential Address					
Phone No.		Mobile No.		e-mail	

III. ACADEMIC INFORMATION

School Attended (Begin with Present School)

Name & Address of School	Class	Board	Percentage

Any Outstanding Achievements	
Interests/Hobbies of The Child	

IV. HEALTH INFORMATION

Allergy / Chronic Ailments							
Blood Group		Height		Weight		Eyesight	

V. SIBLING

Name	Gender	Age	Class	SIBLINGS IN KJIPS	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO

Parent's Signature

Student Signature

Principal Signature