CRESCENT SCHOOL, DELHI GENERAL INSTRUCTIONS CLASS NURSERY

LIST OF DOCUMENTS REQUIRED AT THE TIME OF REGISTRATION

NOTE:

> USE CAPITAL LETTERS WHILE FILLING UP THE FORM.

SIGNATURE OF RECEIVING OFFICER:

- > FILLED-UP DETAILS MUST BE IN ACCORDANCE WITH THE DOCUMENTS.
- > FORM WITH OVERWRITING OR CUTTING WILL NOT BE ACCEPTED.
- > ATTACH ALL THE REQUIRED DOCUMENTS, SELF-ATTESTED BY THE FATHER/ MOTHER.
- > ADMISSION IS STRICTLY AS PER THE POLICY FORMULATED BASED ON MERIT.
- > THIS FORM DOES NOT GUARANTEE ADMISSION OF YOUR CHILD.

| NAME OF STUDENT: | | | | | | | | | | |
|----------------------------------|--|--|--|--|--|--|--|--|--|--|
| FA | THER'S NAME: | MOTHER'S NAME: | | | | | | | | |
| 1. 2. 3. 4. 5. 6. | JDENT'S DOCUMENTS: BIRTH CERTIFICATE (WITH CHILL AADHAR CARD 3 PASSPORT SIZE PHOTOGRAP SIBLING PROOF (I CARD OF THE OBC CERTIFICATE (IF APPLICAB MEDICAL FITNESS DECLERATION BLOOD GROUP CERTIFICATE (CILL IMMUNIZATION CARD | H STUDENT STUDYING IN CRESCENT SCHOOL) LE) N FORM | | | | | | | | |
| 1. 2. 3. 4. 5. 6. | PARENTS DOCUMENTS: 1. AADHAR CARD (MOTHER & FATHER) 2. 2 PASSPORT SIZE PHOTOGRAPHS (MOTHER & FATHER) 3. GROUP PHOTOGRAPH [6cmX9cm] OF PARENTS & CHILD (WITH WHITE BACKGROUND) 4. ACADEMIC DOCUMENTS OF BOTH THE PARENTS 5. PROOF OF RESIDENCE (ELECTRICITY BILL/ TELEPHONE BILL/ WATER BILL/ VOTER ID/ PASSPORT) 6. PROOF OF ALUMINI (IF APPLICABLE) 7. COVID 19 CERTIFICATE (IF AVAILABLE) 8. PROOF & PHOTOGRAPH OF LEGAL GUARDIAN/ AUTHORISED PERSON | | | | | | | | | |
| DA | TE | : | | | | | | | | |
| SIG | NATURE OF FATHER | : | | | | | | | | |
| SIG | NATURE OF MOTHER | | | | | | | | | |







(To be filled in by the Parents in Capital Letters only)

FOR NURSERY CLASS

Session: 2025 - 26

Paste Recent Passport size photograph

| | Date | | | | ı | Reg. No. | | | | | | | | | | | _ |
|---|------------------------|----------------------|---|-----|---------|------------------------|----------|--------|-------|------|-------|--|------|---|--|--|----|
| | PARTICULARS OF STUDENT | | | | | | | | | | | | | | | | |
| 1. | Name of the Student | | | | | | | | | | | | | | | | |
| 2. | Aadhar No. | | | | | | | | | | | | | | | | |
| 3. | Date of Birth | | | | | | |] | | | | | | | | | |
| | (In words) | | | | | | | | | | | | | | | | |
| | Age as on 31.03.2025 | Year | | | | Mor | nth | | | | | | Days | | | | •• |
| 4. | Gender | Male | | | Fem | ale | | | Ot | hers | | | | | | | |
| 5. | Religion | Caste(SC/ST/OBC/GEN) | | | | | | | | | | | | | | | |
| 6. | Residential Address | | | | | | | | | | | | | | | | |
| | Contact No | | | | | | | | | | | | | | | | |
| | | | | Det | tail of | Parents | <u>i</u> | | | | | | | | | | |
| Father's Name Mother's Name | | | | | | | | | | | | | | | | | |
| Δ | adhar Number/ | ′ | / | | •• | Aadhar | Num | ber . | | | / | | | / | | | |
| Δ | cademic Qualification | | | | | Acaden | nic Qı | ualifi | catio | n | | | | | | | |
| C | Occupation | | | | | Occupa | ition . | | | | | | | | | | |
| C | esignation | | | | | Designa | ation | | | | ••••• | | | | | | |
| Ν | Aobile No | | | | | Mobile | No. | | | | | | | | | | |
| Δ | Annual Income (In Rs.) | | | | | Annual Income (In Rs.) | | | | | | | | | | | |
| E | mail Id | | | | | Email Id | | | | | | | | | | | |
| REGISTRATION SLIP Session | | | | | | | | | | | | | | | | | |
| (| CRESCENT | | | | Date | | | | | | | | | | | | |
| • | SCHOOL DELHI | | | | | | Reg. No | | | | | | | | | | |
| Ν | lame of Student | | | | | | | | | | | | | | | | |
| Father's Name Mother's Name | | | | | | | | | | | | | | | | | |
| Verification of the certificate/Test will be held onin the scho | | | | | | | | | hool | | | | | | | | |

GENERAL INFORMATION 1. Does the child have any medical disability /special needs? (If Yes, Please refer to "Medical Declaration Form") 2. Specific School Parameters -A. Distance (From Residence to School) (60)..... Km B. Sibling studying in Crescent School, Maujpur (Real Brother/Sister only) – NO (20)If Yes, give details of sibling Sibling Name (s) Class/Sec C. School Alumni (20)I. Father if yes, year of passing : II. Mother if yes, year if passing **UNDERTAKING** of hereby declares that the above information is true and based on authentic records. Admission of my ward may be cancelled if any information is found to be invalid. Signature of Parent/Guardian

Note: Kindly attach the following -

- 1. Do not enter registration number yourself.
- 2. Attach combined photo of the child with parents and a separate photograph of Father and Mother.
- **3.** Three (3) passport size photographs of the child.
- 4. Attach the photocopies of the following documents with the Registration Form.
 - **a.** Self-attested copy of Birth Certificate (BC) of the child with name (of child) printed on it.
 - **b.** Self-attested copy of Aadhar of child and both Parents.
 - c. Self-attested copy of Proof of Residence. (Electricity Bill)
 - **d.** Vaccination card of the child.
 - e. Proof of sibling (if applicable)
 - **f.** Proof of alumni (if applicable)
 - g. Covid-19 Vaccination status of Parents (If vaccinated, please provide copy of Vaccination Certificate