

God's Grace Public School, Muzaffarnagar

REGISTRATION FORM

Session : -

Registration No. :

Student's Name :

Admission sought for class :

Studying in Class :

Studying School Name :

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Gender : Boy Girl Date of Birth :

Transport Required : Yes No TR Area :

Father's Name :

Mother's Name :

Address :

.....

Mobile No. : WhatsApp No.

I have understood and agree for registration of my ward does not admission guarantee in school.

Signature (Parent / Guardian)

Relationship with the child

Date :

Acknowledgment

I/..... S/o/D/o..... is

applying for the class..... with Registration No.

Receiver's Signature

Principal's Signature

