Wheat Fields Public School

CBSE Affiliation No. 1630759 | School Code - 25553
Ghudda, Distt. Bathinda. | Ph. 0164-2425347

REGISTRATION CUM ADMISSION FORM

Serial No.	
Registration No.	
Admission No.	

Paste Stamp Size Photograph here

Issue of Registration form does not Imply Admission

[Please write in capital letters]

Application for Admission to class : _____ Sex (M/F) _____

Full Name of the Child (in capital letters) : _____

(Surname) (First Name) (Middle Name)

Date of Birth (Attach Date of Birth Certificate) _____

Age on 1st April in the year of admission : _____

School last attended (not for Nursery) _____

FAMILY INFORMATION

a) Father/Guardian Name : _____

Qualification : _____ Occupation : _____

b) Mother Name : _____

Qualification : _____ Occupation : _____

c) Address : _____

: _____

Telephone : (R)_____(O)_____(M)_____

e) School Transport (would you like to utlize the school transport? Yes / No

(i) If yes, please mention the locality & place _____

(ii) If no, please tick as to how the child would come to school :

Rickshaw / Auto rickshaw / Your own vehicle.

f) Any real Brother/Sister studying in the school. Yes / No

If Yes Name :_____Class:_____Section:_____House No.:_____

Wheat Fields Public School

Bathinda-Badal Road, Villlage Ghudda, Distt. Bathinda (Punjab)

Van Enquiry / Transport Incharge 98884-77347 & Study Related Enquery - 99888-77347

ਵੈਨ ਸਬੰਧੀ ਜਾਣਕਾਰੀ ਲਈ 98884-77347 ਅਤ ਪੜ੍ਹਾਈ ਸਬੰਧੀ ਜਾਣਕਾਰੀ ਲਈ 99888-77347

HEALTH INFORMATION FORM

Full Name of the Child (in capital Letters)

Date of Birth :_____

Blood Group :_____Alergy if any_____

Family Doctor's Name :_____

Tel. No. _____

Does the child suffer from any of the following diseases ?

a) Asthma
b) Diabetes
c) Polio
d) Fits of convulsion

Any other hereditary complaint :_____

Certified that the above information is true and nothing has been concealed.

_____ _____

Signature of the Guardian **Signature of the Parents**