



KVP SANSTHA'S

KVTR CBSE SCHOOL

Shingave Shivar, Shirpur, Dist. – Dhule

Contact: +91 98 222 91 128

Email: kvtrcbseshirpur@gmail.com

REGISTRATION FORM

Dear Parent/Guardian,

Welcome to our school's Admission Center. Please use this form to apply for your child's admission to our school. We need complete and accurate information about the student, so make sure you fill out all fields.

Date: / /2020

Student's Name : _____

Class, wants to apply for : _____

Student's Date of Birth : _____

Parent/Guardian Name : _____

Mother's Name : _____

Previous School Name : _____

Current Address : _____

Phone : 1. _____ 2. _____

Email : _____

Sibling studying in KVTR : _____ **Class** _____

Is there any medical information related to the student, that you would like the school to be aware of?

YES

NO

Do you want to request transportation services for the student?

YES

NO

Parent's/Guardian's Signature