



KVP SANSTHA'S

**KVTR CBSE SCHOOL**

Shingave Shivar, Shirpur, Dist. – Dhule

Contact: +91 98 222 91 128

Email: kvtrcbsehirpur@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:        /        /2023

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