



OXFORD PUBLIC SCHOOL

SENIOR SECONDARY (Affiliated to C.B.S.E.) 2730530

Opp. Block - 4, Nehru Nagar, New Delhi - 110065 Ph. : 8447282928
Email : oxfordpublicschool_65@yahoo.com Web.: www.oxfordpublicschoolonline.com

PHOTO

REGISTRATION FORM

S. No. REG. No. Date :...../...../.....

- Name of the Child :
Aadhar No. :
- Mother's Name :
Aadhar No. :
- Father's Name :
Aadhar No. :
- (a) Date of Birth* : Day Month Year
(b) Date of Birth (in words) :
- Age as on 31.03.20 :
(in words)
- Class in which admission is sought Gender M/F
- Blood Group : Mother Tongue :
- Guardian's Name :
(if applicable)
Aadhar No. :
- Profession of the Parents : Mother : Father :
- Phone No. of the Parents / Guardian
(a) Mobile
(b) Residence
- Current Residential Address** :
.....
.....
- School Transport required : Y/N Parents Annual Income :
- Previous year school result & percentage
- Child without parental support*** : Y/N Whether the student belongs to SC/ST/OBC/Gen****
- Any Medical Ailment (Attach Copy) Y/N

SIBLINGS STUDYING IN THE SCHOOL

Name Class

Name Class

FATHER

Affix Recent Photographs

MOTHER

DECLARATION BY THE PARENTS

I (Name) Father / Mother
of (name of the child) hereby declare that the information given above is
true and correct to the best of my knowledge and belief. I have read and understood all the provisions of the
notification in this regard. In case any information is found false or incorrect on verification, the admission of my ward
may be cancelled.

Dated :

Signature of the Parent

FOR OFFICE USE

Class Admission No.

Date of Admission Fee Receipt No.

Principal's Signature
P.T.O.

NOTE

Documents required :-

1. Birth certificate (Attested)*
2. Address Proof (Attested)**
3. Photocopy of I Card of Sibling in School.
4. High School Mark Sheet of Parent for Alumni
5. One Copy of passport size photograph.
6. Health Certificate (Fitness / Special Needs / Inoculation)
7. Supporting documents *** (15)
8. Supporting documents **** (16)

Dated :

Signature of the Parent