

SACRED HEART SCHOOL

(Affiliation No - 2130384, School Code - 70915) Rajiv Nagar, Kharika, Telibagh, Lucknow Contact: 9936083334, 8009481059

Email Id: sacredheartschool1990@gmail.com Website: https://sacredheartschoollucknow.com/

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Photograph of the student		Photograph of the father		Photograph of the mother
INFORMATION ABOU				
Name of the student (In b		Namo	Last Name	
First Name				
Date Of Birth	Aadhar No.		Gender	
Admission- Old	New			
(a) Age as an 1st April of the A	Academic Year: Day Month year			
	(Day)	(Month)	(Year)	
(PHOTOCOPY OF BI	RTH CERTIFICATE OF	M.C.D/T.C. TO BE EN	ICLOSED)	
Father's Name				
Mother's Name				
Sibling Status(if				
Present Address				
Nationality		Religion		
Category-Gen.	OBC SC/ST		Caste Category	
Contact No.	Landline with area			
E-mail ID				
Correspondence address				
•				
	DDE\	/IOUS ACADEMIC REC	CORD	
Name of the last attended		NOOU AOADLINIO NEC		
			o Obtained	
Class/Grade		Class Marks	5 Oblained	

OTHER DETAILS

Father's educational qualification	
Father's occupation	Aadhar No
Mother's educational qualification	
Mother's occupation	Aadhar No
FOR TRANSPORT	REQUIREMENT
Name of the	
Residential address	
Contact No.	
(Please keep the school informed of the changes in the address and contact Numbers	3)
From where you go to know about our school?	
By word of month Through Newspaper	
Our website Any other source	
Why did you choose our School?	
<u>-</u>	
DECLARATION OF THE FATH	HER/MOTHER/GUARDIAN
I Hereby certify that the information given in the registration from by medical representation or omission of facts will lead to denial and cancellation. Terms and Conditions enclosed with the registration form	ne is accurate and complete. I understand and agree that mis
Signature of the Father/Mother/Guardian	
Date://	
ote: Colored Photo-3, Aadhar Card Photocopy-2, Marksheet Photocopy-2,	Transfer Certificate- Original.
*	
application received for	
FOR OFFICE L	JSE ONLY
Application No.	
Name of the student	
application received forclass	
Date	Signature