



SPRINGFIELDS

(Affiliated to Central Board Secondary Education, New Delhi)

Sector-10, New Moradabad, Moradabad-244102 (U.P.) Phone : 6399299292 S.No. : _____

REGISTRATION FORM

Passport-Size
Photo of the
Applicant
with parents.

1. Name of the Applicant :
2. Date of Birth :
3. Sex : Boy / Girl
4. Class to which admission sought :
5. Father's Name :
6. Father's Occupation :
7. Father's Education :
8. Mother's Name :
9. Mother's Occupation :
10. Mother's Education :
11. Address :
12. Phone Nos. :

ab initio

1. I hereby declare that all the information given above is correct and accurate in all respects.
2. I clearly understand that the Registration Fees is **non-refundable and non-adjustable**.
3. I also clearly understand that **registration is not a guarantee for admission**.
4. I have also understood that admission shall be granted only if my child **passes the 'Admission-Test'** in a **single attempt** and that **only one chance** will be given to my child to clear the 'Admission-Test'.
5. I understand that my child will be granted admission only **on the basis of merit**.
6. I understand that **no provisional admission** will be given to my child. Admission will be given **only after the submission of complete documents**, which are as follows:
 - (i) **Birth Certificate** issued by **Nagar Nigam** or any other Competent Authority.
 - (ii) **Transfer Certificate** from previous school.
 - (iii) **Report Card** of the last class passed.
 - (iv) Recent **passport-size photograph** of the child.
 - (v) **Parent's/Guardian's ID: Aadhar Card/PAN Card**.
7. I understand that I shall have to complete all the necessary formalities for admission and deposit complete fees as per the schedule for admissions posted on the Notice-Board outside the Reception.

Place :

Date : _____ (Parent's Signature)

OFFICE USE ONLY

- Name of the Applicant :
- Father's Name :
- Class to which admission sought :
- Date for 'Admission-Test' is** :

(Signature with date)