LIGHT BEGETS	Phone No. 011-20895675, 20892683 Website: www.stmartinschooldelhicantt.com REGISTRATION FORM		
	Academic Session: 2024 – 2025		
FormNo.:	Class to which Admission is sought:		
	Date:		
. Name of Pupil (In C	Capital letters) Master/Miss:		
	gures): DDMMYYYY		
. Age (As on 31 st Ma	urch 2024):		
. Gender :	Male Female Other		
. Mother Tongue:			
. Nationality:			
. Religion:			
. Father's Name (In G	Capital letters):		
. Mother's Name (In	Capital letters):		
0. Father's Occupatio	n:		
1. Mother's Occupati	on:		
2. Play School Attend	ed (Yes/No) : If Yes Please Specify :		
3. How did you hear	about our School :		
a. Recommended	by someone, Please Specify		
b. School Website	/Facebook Page :		
	Specify)		

15. Mention:	Name					
	Admission No .	Class & Sec	ction			
16. Whether wa	ard of alumni: (Yes/No):					
If yes, ye	ear of passing (Class XII):					
17. Does your	child have any medical cond	lition. (Yes/No)				
If yes, sp	ecify		_(Doctor's Certi	ficate to be attached)		
18. Is your child differently - abled or has any special needs? (Yes/No)						
If Yes, K	indly Mention		Doctor's Certific	cate to be attached)		
19. Residential	Address:					
Mobile no. F	Father:	Mother	. 			
Landline: C	Off	Res.				
E	-mail:					
20. Preferred L	ocation: Janakpuri	Delhi Cantt				
Signature:						
		(Fathe	r)	(Mother)		
Date:						
Place:						
 One passport s Proof of the Si Christian Cano Alumna – Classical Statements 	tte Copy of Students & Parents. size photo each of Students & Par ibling (Latest Report Card of the didates to attach Church / Pastor (ss XII Marksheet / Pass Certificat I DOES NOT GIVE ANY (elder sibling studying in Certificate. te issued by school.		IN THE SCHOOL)		