



SAINT ARNOLD'S H.S SCHOOL

(Affiliated to CISCE, New Delhi- No. OR 089/2012)

HIG-489, K-5, Kalinga Vihar, BBSR-751019

PHOTO

ADMISSION FORM (Class- XI) 2024 - 2025

Adm. No. _____

1. Name of the pupil in full (IN BLOCK LETTERS) _____
[EXACTLY AS IN THE BIRTH CERTIFICATE & T.C. ,WILL NOT BE CHANGED LATER]

_____ Gender: Male Female

2. Blood Group _____

3. Date of Birth (exactly as in the Birth certificate) _____

4. Aadhaar Number _____

5. Full Name of the Father _____

Designation (Profession) _____

6. Full Name of the Mother _____

Designation (Profession) _____

7. Residential Address _____

Contact No. _____ (Mobile No) _____ (Whatsapp No) _____

8. State _____ Religion _____ SC/ST/OBC/GEN _____

9. Admission for Class _____

10. Has he/she a brother or sister in St. Arnold's H.S School? Yes/No _____

11. If yes, Name _____ Class, Sec _____

12. Name of the Institution where he/she is attending classes now _____

Signature of Father / Mother _____

*Duly fill this form without any blanks and submit it to the School Office
Please submit the Photo copy of all required documents.*

*Declaration: I hereby declare that the date of birth and all other information submitted in this form are complete and correct to the best of my knowledge. I shall not ask for any alteration at any time in future.
I will abide by the rules and regulations of the school.*

Date: _____

(Signature of the Parent /Guardian)



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ADMISSION FORM (Classes KG-IX) 2024 - 2025

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Adm. No. _____

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[EXACTLY AS IN THE BIRTH CERTIFICATE & T.C. ,WILL NOT BE CHANGED LATER]

_____ Gender: Male Female

2. Blood Group _____

3. Date of Birth (exactly as in the Birth certificate) _____

4. Aadhaar Number _____

5. Full Name of the Father _____

Designation (Profession) _____

6. Full Name of the Mother _____

Designation (Profession) _____

7. Residential Address _____

Contact No. _____ (Mobile No) _____ (Whatsapp No) _____

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11. If yes, Name _____ Class, Sec _____

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(Signature of the Parent /Guardian)



SAINT ARNOLD'S KINDERGARTEN

(Affiliated to CISCE, New Delhi- No. OR 089/2012)
HIG-489, K-5, Kalinga Vihar, BBSR-751019

PHOTO

REGISTRATION FORM 2024 - 2025

Reg. no. _____

1. Name of the pupil in full (IN BLOCK LETTERS) _____
[EXACTLY AS IN THE BIRTH CERTIFICATE & T.C., WILL NOT BE CHANGED LATER]

Gender: Male Female

2. Blood Group _____

3. Date of Birth (exactly as in the Birth certificate) _____

4. Aadhaar Number _____

5. Full Name of the Father _____

Designation (Profession) _____

6. Full Name of the Mother _____

Designation (Profession) _____

7. Residential Address _____

Contact No. _____ (Mobile No) _____ (Whatsapp No) _____

8. State _____ Religion _____ SC/ST/OBC/GEN _____

9. Has he/she a brother or sister in St. Arnold's H.S School? Yes/No _____

10. If Yes, Name _____ Class, Sec _____

Signature of Father / Mother _____

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(Signature of the Parent /Guardian)