



SEVEN OAKS SCHOOL

332, Garhi Cantt, Dehra Dun Tel.No. 2750882, 3202885

No. SOS

051

Regn. No.

Admn. No.

Admitted to Class

Session

A. Particulars of the Pupil

1. Name in Full Master/Miss
(Block Letters) (First) (Middle) (Last)

2. Date of Birth.....

3. a) Mother tongue

b) Home Town.....

c) Nationality.....

d) Religion

e) Previous School

f) Special Interest

g) Whether SC/ST/OBC



B. Particular of Mother / Father /Guardian

1. Mother's Name
(Block Letters) (First) (Middle) (Last)

2. Father/ Legal Guardian's Name
(Block Letters) (First) (Middle) (Last)

3. Educational Qualifications

4. Profession/Designation or
exact nature of business
and annual income

5. Official address with Tel No.

Fax

e-mail

6. Residential address with

Phone No.

7. Special signature of the Father/Mother/Legal should be accepted by the school authorities

Specimen Signature

Name & Relationship with the pupil

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I, the undersigned, hereby declare that I am the legal guardian of Master/Miss

..... and the information provided in the form is correct to the best of my knowledge, I have read the school rules given below and agree to abide by them.

Date

Signature

Name

Relationship with the pupil

Remark & signature of the Principal

Note:

Please attach the following documents

1) Transfer Certificate 2) Date of Birth Certificate 3) Report Card of the Previous School

4) Medical Certificate from the School doctor and also state if the child is suffering from any permanent ailment