



SEVEN OAKS SCHOOL

Affiliated to the Council for the Indian School Certificate Examination, N.Delhi
 329 Garhi Cantonment, Dehradun Ph.: 0135-2750882

Form No.: SOS - **1237** Admission sought to Class _____ Session _____

A. PARTICULARS OF THE STUDENT (Please fill in BLOCK letters only)

1. Name in full	_____	Affix recent passport size coloured photograph of child
2. Date of Birth (DD/MM/YYYY)	_____	
3. Age as on 1 st April of Current Year: Years _____ Months _____ Days _____	_____	
3. Gender	_____	
4. Nationality	_____	
5. Previous School	_____	
6. Category (GEN/SC/ST/OBC)	_____	

B. OTHER DETAILS

Applicant's first language known _____

Any medical/physical problem that could affect normal school life _____

C. ADDRESS

Permanent Address _____ _____ _____ PIN _____ Ph.: _____	Correspondence Address _____ _____ _____ PIN _____ Ph.: _____
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Preferred Phone Number for School SMS _____

Emergency Contact Number	Name of the Person	Relationship
_____	_____	_____

D. PREVIOUS ACADEMIC RECORD

Name of Previous School	Class	Duration in Month / Year	Reason for Leaving	Ph. No. / Email address of the school

REGISTRATION FORM



THE ARCADIA

Seven Oaks Preparatory School

Form No.: TAS **1556** Admission sought to Class _____ Session _____

A. PARTICULARS OF THE STUDENT (Please fill in BLOCK letters only)

1. Name in full	_____	Affix recent passport size coloured photograph of child
2. Date of Birth (DD/MM/YYYY)	_____	
3. Age as on 1 st April of Current Year: Years _____ Months _____ Days _____	_____	
3. Gender	_____	
4. Nationality	_____	
5. Previous School	_____	
6. Category (GEN/SC/ST/OBC)	_____	

B. OTHER DETAILS

Applicant's first language known _____

Any medical/physical problem that could affect normal school life _____

C. ADDRESS

<p>Permanent Address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>PIN _____ Ph.: _____</p>	<p>Correspondence Address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>PIN _____ Ph.: _____</p>
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