



# PIET SANSKRITI SCHOOL

Behind Mittal Mega Mall, Sector-25, Huda Panipat-132103 (Haryana)

(M) 9992101166, 0180-266002, 2661002

E-mail : pietsanskriti.@piet.co.in website : www.pietsanskriti.com

PHOTO

## REGISTRATION FORM

Name of the student	First Name	Middle Name	Surname
	.....	.....	.....

Date and place of birth	Sex
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Mother tongue	Nationality
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Particulars of Parent	Father	Mother
Name		
Educational Qualifications		
Profession/occupation		
Tel (office)		
Tel (Residence)		
Mobile		
Fax		
E-mail address		
Emergency phone No.		

Permanent Address	Present Address
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Admission for Class	Academic Session
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Indicate if child has learning difficulty/physical challenge	
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Name and address of previous school (if any)	
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Previous Class	
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Name and ID number of brother/sister (not cousin if studying in PSS)	
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I wish to register my ward to take the Entrance Test for admission to PIET Sanskriti School. I note that the acceptance of the registration form fee will not invoice the institution in any obligation to admit my ward and that the registration fee is non refundable. I undertake to abide by all the rules and regulations for admission as in force from time to time. I also note that my ward will be permitted to take Entrance Test for admission in the class desired by me, provided the child is studying in qualifying class and his/her age is as specified. I agree that the admission can be accepted or rejected by the school authority at their sole discretion and is not open to my dispute.

For Office use

Fee Receipt No. ....

Admission No. ....

Date. ....

Andhaar No. ....



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## Request for School Transport & Declaration Form

Subsequent to my ward's admission to PIET SANSKRITI SCHOOL., I request that my child \_\_\_\_\_ of class \_\_\_\_\_ may please be allowed to avail the transport facility being provided by the school at the set rates.

Although, I understand that the school will provide full security and safety, exercising due diligence in carrying out the services, the shall not be held responsible in case of any mishap. I also understand that the school reserves the right to alter/modify/restructure any route, at any point of time in the interest of children and school, as well.

I agree to abide by the rules and regulations laid down by the School Authorities

Pick up point \_\_\_\_\_ Drop Point \_\_\_\_\_

Bus No. \_\_\_\_\_ Route \_\_\_\_\_

\_\_\_\_\_  
(Parent Signature)

### MEDICAL DETAILS OF THE STUDENT

- 1) Blood group of the child \_\_\_\_\_
- 2) Is your child suffering from asthma? \_\_\_\_\_
- 3) Allergic Problem, if any \_\_\_\_\_
- 4) Does your child wear any contactlenses/glasses? \_\_\_\_\_
- 5) Is your child taking medication? \_\_\_\_\_
- 6) Can your child receive the following medication if medical staff is unable to contact you?  
Paracetamol \_\_\_\_\_ Anti-Histamine \_\_\_\_\_ Antacids \_\_\_\_\_  
Common cold preparations \_\_\_\_\_ Non-Steroidal anti-inflammatory \_\_\_\_\_
- 7) Any other ailment \_\_\_\_\_