

FULL NAME OF

Date_

Summerfield

Senior Secondary Residential & Day School Edon Bagh, West Hope Town, Herbertpur Dehradun-248142 Phone 01360-250268 Email:info@summerfielduk.com

Affix passport size coloured photograph of the child

APPLICATION FOR REGISTRATION

DATE OF BIRTH	Date: Month:		Year	
MOTHER'S NAME		I		
FATHER'S NAME				
OCCUPATION	Organization		Designation	Income (All Sources)
PARTICULARS (FOR BATTLE CASUALTIES)	No.:Rank:Unit:		Operation Casualty: Date of casualty:	
ADDRESS				
PRESENT SCHOOL	Phone No.:			
PRESENT SCHOOL				
ADMISSION DETAIL	Admission to class:		_ Day Scholar / Day Boarder / Boa	
DOCUMENTS	1. Ri	rth Certificate	5. FFI Certific	
ATTACHED	-	ansfer Certificate	6. Visitor's Ca	
(State √ or ×)		greement edical Certificate	7. Confidentia 8. Report Card	l Information d of previous class

Relationship with the child_