



THE OLIVE SCHOOL

Thol, District Kurukshetra, Haryana

REGISTRATION FORM

Sr. No : _____ Date: _____

Name of the Pupil: _____

Date of Birth: _____

Age as on April 1st: _____ Male / Female: _____

Last School attended: _____

Class to which admission is sought: _____

Name of Father: _____ Mother: _____

Profession: Father: _____ Mother: _____

Home Address: _____

Phone No. : _____ E-mail : _____

Office Address: Father: _____

Mother: _____

Telephone (Father) _____ Mother: _____

Language Spoken: _____

If real brother/sister is studying in this school _____

Name : _____ Class : _____ Section : _____

SIGNATURE OF PARENT/GUARDIAN

(For office use only)



THE OLIVE SCHOOL

(Recognised & Affiliated to CBSE New Delhi)

Thol, District Kurukshetra, Haryana

Sr. No : _____ Date: _____

Name: _____ Class : _____

Date of Birth: _____ Date of Interview : _____ Time : _____

PRINCIPAL