

REGISTRATION FORM

(TO BE FILLED IN BLOCK LETTERS)

PARTICULARS OF STUDENT :-

Child's Name in Full _____

Date of Birth

(In Figures)

D D

M M

Y Y Y Y

Affix Passport
size photograph
of the child

Admission required for class: _____ Academic Session: _____

Residential Address: _____

Pin Code: _____

Sibling (MLZS)

Yes

Sibling Name _____ Class Section _____ Admission No. _____

PARTICULARS OF PARENTS:

Father

Mother

Name _____

E-mail _____

Phone Number _____

DECLARATION

I/we hereby certify that the above information provided by me /us is correct and I/we understand that if the information is found to be incorrect or false, the ward shall be automatically debarred from selection/admission process without any correspondence in this regard. I/We also understand that the application / registration/short listing does not guarantee admission undertaken by the school and I/We will abide by the decision taken by the school authorities.

Date:-

Parent's Signature

For Office Use Only:

Date of Registration: _____ Interoction Date: _____

Receiver's Sign: _____

Mount Litera Zee School

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