



Registration Form- Session 2024-25

Affix Photo of
Child

3x4

Registration No:

Date:.....

Please download this PDF format and submit the hard copy of filled in form along with mentioned required documents. **Tick mark where applicable.**

Candidate's Information:

Student's Full Name:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth: / /	Place of Birth:	Age:.....yr.....mth
Applying for grade:	No. of sibling/s at PEISCT:	
Religion:	Nationality:	Parent is Embassy Staff: <input type="checkbox"/>
Mother Tongue:	Dual Nationality:	
Father's Name:	Profession:	Phone No: (to be used by school)
Mother's Name:	Profession:	Phone No:
English Proficiency level: Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/>		
Has the student ever been in a special education program: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Parent's/Guardian's email address :		
Home Address:		

Previous school detail

Name of school	Location	From	Up to class	Reason for leaving

Medical Alert Information

Does your child have any special needs? Please provide details.

Declaration:

I hereby certify that the above mentioned information is true and accurate and in the event of any misinformation the application may be rejected.

Parents'/Guardian's signature

Checked by: Name & Signature