DR. RAJENDRA PUBLIC SCHOOL

Admission Form
Academic Year 2026-27

PHOTO

Address: New Market, Raghopur, Supaul, Bihar. Mob: [Spo., +91 85390 36399]

ADMISSION PROGRAMME Class: Session:

Name: D.O.B (In Figures):

PERSONAL DETAILS D.O.B (In Words):

Use Capital Letters

Gender: Place of Birth: Disability: Visual Hearing Mobility

No No Place of Birth: Religion: Other Description:

GUARDIAN DETAILS

Parent/Guardian 1 Name: Relation: CNIC/ID:

Parent/Guardian 2 Name: Relation: CNIC/ID:

Occupation: Mobile #: Mobile #:

CONTACT DETAILS

Present Address:

Permanent Address:

Phone #: Second contact:

Emergency Contact Name/Relation/Phone:

E-mail:

MEDICAL INFORMATION **(New)**

Blood Group: Chronic Conditions/Allergies: Special Needs:

PREVIOUS SCHOOLING **(New)**

Last School Attended: Highest Class Passed: Transfer/Leaving Certificate Obtained:

UNDERTAKING

I, Mr./Mrs./Ms. _____, parent/guardian of _____, undertake that my child will abide by all the rules and regulations of Dr. Rajendra Public School. I accept all school policies.

Parent's Signature: _____ Date: _____ Relation: _____

OFFICE USE ONLY

Student ID: Admitted to Class:

Admission Fee Paid: Monthly Fee: Security Deposit:

Accountant Signature: _____ Principal Signature: _____

Principal Signature: _____ Form Status (Approved/Pending): _____

"Aspiring for a Brighter Future"