



STAR ACADEMY

BASANT VIHAR, GALI NO. 3, OPP. CHHOTURAM STADIUM,
SONIPAT ROAD, SHEELA BYE PASS, ROHTAK

M. : 01262-354799, 9467389100

ACADEMY ADMISSION FORM

To
Sir/Madam

FOR SESSION : 20.....to 20.....

Photo a passport
size photograph
inside this
her

You are requested to admit my son/daughter in your school whose
Registration No. is.....in class.....

The Required particulars are given below : SRN No.....

Name of the Student :.....Aadhar Card No.....

Father's Name :.....Aadhar Card No.....

Mother's Name:.....Aadhar Card No.....

(In Capital Letter's)

Family Id No.....

Date of Birth (in Figures):.....(Att. Proof)

(In Words):.....Proof of Age (on First Admission)

Sex :...../ Caste :...../ Category:.....

Handicap :.....(Yes/No.) Nationality:.....

C/o.....Ph. No.....

Class in which add taken :.....SUB :.....

1.....2.....3.....

4.....5.....6.....

Name of Previous School:.....

Previous Roll No. :.....Board.....

Father's Occupation.....

Education of Parents : Father :...../ Mother :.....

Permanent Home Address :

Village :...../ Post Office :.....

District:...../ State :...../ Pin Code :.....

Phone No.:.....Enrollment No. :.....

Date.....

Signature of Parents/Guardians

Signature of Admission Incharge

Signature of Principal with Stamp