



The PSBB Millennium School

DLF Garden City, Thazhambur, (off OMR), Chennai – 603 103

Tel No : 044 – 2740 1380, 2740 1478

Website : www.psbbsmillenniumschool.org



For official use only

REGISTRATION FORM FOR ADMISSION INTO PRE KG FOR _____

USN No.

Reg No.

Signature of the office - in - charge :

Please use capital letters

1. Name of the Child : M F

2. Date of Birth (DD/MM/YYYY) :

3. Mother Tongue Religion Caste

4. As per the Govt. List belongs to : SC MBC OBC FC Others

5. Residential Address in full :
.....
.....

Residence phone no. :

6. The approximate distance (in Km) of the residence from the school : Km

7. Mode of transport likely to be used : Walk/Cycle/Two Wheeler/Car/Hired Auto or Van to commute to school

8. Would you avail bus/van facility, if it is provided by the school? : Yes No

9. Father's / Guardian's Name :

Educational Qualification (specify University/Institution) :

.....
Occupation :

Name of Organisation :

Office Address :

Phone Off : Mobile No : E-mail id :

10. Mother's / Guardian's Name :

Educational Qualification (specify University/Institution) :

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Occupation :

Name of Organisation :

Office Address :

Phone Off : Mobile No : E-mail id :

11. Monthly Income : Father (ctc) Mother (ctc)

12. Is the parent coming on transfer
From outside Chennai/India? : No Yes .
If yes, specify

DETAILS OF PREVIOUS STUDY OF THE CHILD (if applicable)

13. Name of the school in which
the child is now studying :.....

Location City

Any special information you may want to
Share with the school

Does the child have a major ailment/allergy? : Yes No If yes,specify

Is the child physically challenged? : Yes No If yes,specify

14. DETAILS OF SIBLING (If applying for sibling, please mention)

a. Name Class applied for

b. Name Class applied for

DECLARATION

I, the Parent (Father/Mother) of seeking his/her admission in the school, solemnly declare that the information furnished above is absolutely true and that if found factually wrong at any time after the admission during his/her stay in the school, I shall abide by the decision of the school authorities without any plea or protest. I also agree to abide by the rules and regulations in all aspects.

NAME OF THE PARENT (CAPITALS)

SIGNATURE OF THE PARENT

DATE

ENCLOSURES

The following documents (attested photocopies) must be produced along with the filled application.

A. Birth Certificate

B. A copy of the latest progress report certified by the school in which the child last studied

OFFICE USE ONLY :

Date of admission : Class : Sec :

Fee receipt No. : Date :

Remark :

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STAFF INCHARGE

PRINCIPAL

Note : Forms with false/incomplete are vague information will not be considered.

