Allied Schools

Project of Punjab Group of Colleges

Growing Together

First Registration Form

(Please use CAPITAL LETTERS and leave one box space blank between child's name and Father's name)

Child's Name																							

Child's Age	Month		Year			

Tick the appropriate box

Gender	Male		Female	

Admission Required for

(Tick the appropriate box)

Pre School	
Pre School	
Nursery	
Prep	

Elementary	
Class-VI	
Class-VII	
Class-VIII	

Primary	
Class-I	
Class-II	
Class-III	
Class-IV	
Class-V	

Secondary	
Class-IX	
Class-X	

When is the admission required?

(Fill in the appropriate box)

For Playgroup only

April Session	This Year	Next Year

September Session	This Year	Next Year

For Nursery to Class-X

This Year	Next Year

Mailing Address

_____

_____

_____ **E-mail:** _____

Phone: _____ **Cell:** _____

Parents to return this Registration Form to:

(Respective Campus to stamp address here)

This form can be downloaded from:
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