

For Office Use

Receipt No: _____

Date: _____

D.O.I _____

D.O.T _____

D.D _____



COMMANDER SCHOOLING SYSTEM

Student's
Photo

REGISTRATION FORM

Name of Pupil _____ Surname _____ Religion _____
(In block letters)

Father's Name _____ NIC Number _____
(In block letters)

Mother's Name _____ NIC Number _____
(In letters)

Place of Birth _____ Date of Birth _____

Name of Current/ Previous School _____

Reason of Leaving _____

Last Class attended _____ Year _____ Previous Result _____

Admission required in class _____

Father's/ Guardian's Qualification _____ Occupation _____

Designation _____ Monthly Income (Approximately) _____

Office address (Father) _____

Mother's Qualification _____ Occupation (if any) _____ Designation _____

Office address (Mother) _____

Contact Number (Father) _____ (Mother) _____

Residential Address _____

Contact Number _____ E-Mail _____

Emergency Contact

Name: _____ Relation: _____ Number: _____

Number of Family members _____ Numbers of brothers & sisters _____

From where you heard about this school?

☐ Facebook ☐ websites ☐ News Advertisement ☐ Referrals ☐ others: _____

Siblings attending this school, if yes kindly mention details:

Name _____ Class _____

Name _____ Class _____

Name _____ Class _____

Signature of Parents/ Guardian

Date: _____

