



# WOODWARD PUBLIC SCHOOL

AN ISO : 9001-2008 CERTIFIED SCHOOL  
Affiliated to CBSE Board, New Delhi, Affiliation No. : 2131227, School Code : 54702  
CIVIL LINES, POWER HOUSE ROAD, BHADOHI-221401 U.P.  
Office : 09335314844 FAX : 05414-224352 www.woodwardpublicschool.com

Affix Candidate's Recent Photo (Stamp size only)

## APPLICATION FOR REGISTRATION

Form No. 2262

- Name of pupil (in Block Letter) .....
- Date of Birth (in Figure)       (DD/MM/YYYY)  
(In Words) .....
- Class to which admission is sought ..... Session.....
- Father's Name ..... Education.....
- D.O.B.       (DD/MM/YYYY) Profession.....
- Mother's Name..... Education.....
- D.O.B.       (DD/MM/YYYY) Profession.....
- Brother(s) / Sister (s) Name..... Age(s).....
- Brother(s) / Sister (s) Studying in Woodward if Yes Give Name.....
- Nationality..... 5. GEN./ST/SC/OBC (Attach Certificate).....
- Address.....
- Telephone No. (Office)..... Mob.(F)..... Mob.(M).....
- Name of Previous School.....  
Board.....
- Percentage obtained in previous class (attach photo copy of result).....

### Declaration

I hereby declare that :

- I wish to admit my son/daughter/ward to WOODWARD PUBLIC SCHOOL.
- I have read carefully the rules and regulation laid down in school prospectus and hereby agree to abide by them.
- The above mentioned date of birth and name of my ward are correct, and I shall not request for many change therein later on (Pl. attach Birth Certificate).
- The decision of the Principal in all matters relating to the school will be final and binding on me, and that no claim for refund of the fees once deposited will be made by me.
- I agree to pay the fees on time i.e. till the 10th of April, July, October and January else pay the late fees.

Date : .....

Signature of Parents/Guardian

### Admission Test Report

S. No.	Subject	Mark	Remarks	Sign. Examiner

- Name of pupil (in Block Letter) .....
- Date of Birth (in Figure)       (DD/MM/YYYY)  
(In Words) .....
- Class to which admission is sought ..... Session.....
- Father's Name ..... Education.....
- D.O.B.       (DD/MM/YYYY) Profession.....
- Mother's Name..... Education.....
- D.O.B.       (DD/MM/YYYY) Profession.....
- Brother(s) / Sister (s) Name..... Age(s).....
- Brother(s) / Sister (s) Studying in Woodward if Yes Give Name.....
- Nationality..... 5. GEN./ST/SC/OBC (Attach Certificate).....
- Address.....
- Telephone No. (Office)..... Mob.(F)..... Mob.(M).....
- Name of Previous School.....  
Board.....
- Percentage obtained in previous class (attach photo copy of result).....

### Declaration

I hereby declare that :

- I wish to admit my son/daughter/ward to WOODWARD PUBLIC SCHOOL.
- I have read carefully the rules and regulation laid down in school prospectus and hereby agree to abide by them.
- The above mentioned date of birth and name of my ward are correct, and I shall not request for many change therein later on (Pl. attach Birth Certificate).
- The decision of the Principal in all matters relating to the school will be final and binding on me, and that no claim for refund of the fees once deposited will be made by me.
- I agree to pay the fees on time i.e. till the 10th of April, July, October and January else pay the late fees.

Date : .....

Signature of Parents/Guardian

### Admission Test Report

S. No.	Subject	Mark	Remarks	Sign. Examiner

Performance Report.....

Admit to Class .....

PRINCIPAL