



# Sheila's Kids Zone

J-13/45, Rajouri Garden, New Delhi - 110027

Tel.: 41441163 Mob.: 9599385660

Email: info@sheilaskidszone.in

Website: http://www.sheilaskidszone.in

## REGISTRATION FORM 2025-2026

FORM NO

Registration For Class  Pre-Nursery  Nursery  Prep

Name of the Student Firstname

(In BLOCK Letters) Surname

Date of Birth (In words) .....

(Attach a self attested Copy) ..... (In Figures) ...../...../.....

Age..... Gender: Male  Female

Nationality & Religion .....

Name of the School the Child is attending at present (if applicable) .....

Blood Group

Affix a recent  
Passport Size  
Photograph

Use Glue  
Do not Staple

Father's Name .....

Profession Business  Service  Annual Income (Gross)

Designation .....

Name of the Organisation .....

Address of the Organisation .....

Mother's Name .....

Profession Business  Service  Housewife

Designation ..... Annual Income (Gross)

Name of the Organisation .....

Address of the Organisation .....

Residential Address .....

Telephone (Landline)  Pin Code

Mobile Father  Mother

Email Father .....

Mother .....

Is the Child a Sibling of a student studying in this School? Y  N

If Yes, please provide details of the Brother/Sister -

Name ..... Class ..... Section .....

Signatures (Father) ..... (Mother).....

School Specific Parameters	1. Neighbourhood	0 - 1 Kms	75 Points <input type="checkbox"/>
		1 - 3 Kms	70 Points <input type="checkbox"/>
		3 - 6 Kms	60 Points <input type="checkbox"/>
		6 - 8 Kms	50 Points <input type="checkbox"/>
		Above 8 Kms	40 Points <input type="checkbox"/>
	2. Sibling		25 Points <input type="checkbox"/>
		Total Points	<input type="text"/>

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Registration Form No. .... Dated ..... Of .....

For Class ..... has been received.

Signatures of Regn. Assistant



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FORM NO

**List of Documents, which shall be considered as Proof Of Residence (Please Provide ANY TWO):**

- (1) **Ration Card** Issued in the Name of the Father/Mother including the Child's Name.
- (2) **Domicile Certificate** in the name of the Child or his/her parents.
- (3) **Voter I-Card (EPIC)** of any of the parent.
- (4) **Electricity/MTNL/Water Bill** in the name of any of the parent.
- (5) **Passport** in the name of parent or child.
- (6) **Aadhaar/UID Card** issued in the name of any of the parent.

### DECLARATION

Set out terms shall be acceptable to me/us.

- (a) **Registration does not guarantee admission.**
- (b) **An incomplete Form as well as particulars found to be incorrect, will be summarily rejected by the School.**
- (c) **The information furnished in this Form, is based on facts and authentic records.**

Signatures (Father) ..... (Mother).....

### NOTE

**Age Criteria For Classes as on 31st March of the Year in which Admission is being sought.**

**Pre-Nursery: Less than 3 Years**

**Nursery: Less than 4 Years**

**Prep: Less than 5 Years**

### Documents Required At the Time Of Registration

1. **Photograph** 1 of the Child
2. **Date of Birth Certificate** Self Attested
3. **Proof of Residence** Self Attested
4. In Case of **Sibling** please provide a copy of the last fee bill paid

### Documents Required At the Time Of Admission

1. **Photographs** 4 nos each (Passport Size) of Child, Father & Mother
2. **Photograph** 1 no. of Any One person authorized to escort the child from School.
3. **Date Of Birth Certificate** - Original
4. **Proof Of Residence** - Self Attested
5. **Medical Fitness Certificate** - Preferably from Government Hospital