



Cambridge World School

A Unit of Sheilas's Kids Zone

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

Tel.: 41441163 Mob: 9599385660

Email: info@sheilaskidszone.in

Website: https://www.sheilaskidszone.in

REGISTRATION FORM 2026-2027

FORM NO

Registration For Class ☐ Pre-Nursery ☐ Bal Vatika - I ☐ Bal Vatika - II

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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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

Bal Vatika I: 3 Years to Less than 4 Years

Bal Vatika II: 4 Years to 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