



# St. Thomas' School

Shimla-3, Tel.: 0177-2656507  
Registration Form  
20 - 20

Sr. No. 2489

Class \_\_\_\_\_

Child's First Name	Child's Last Name	Date of Birth	Name of Last School attended
Master /Miss			
Title (Mrs., Ms. Dr.)		Title (Mrs., Ms. Dr.)	
Mother's First Name		Father's First Name	
Mother's Last Name		Father's Last Name	
Academic Qualification		Academic Qualification	
Designation		Designation	
Name of Organisation		Name of Organisation	
Profession		Profession	
Office Address		Office Address	
Office Telephone		Office Telephone	
Mobile No.		Mobile No.	
Office Fax		Office Fax	
E-mail ID		E-mail ID	

Residential Address

Address Contd.

Telephone

if you belong to the following categories, please provide requested details

Ex-Students of St. Thomas' Mother

Yes /  No

Batch

Father

Yes /  No

Batch

Staff Child

Yes /  No

Name of Staff

Details of any siblings (real brother or sister only) presently studying at St. Thomas' School, Shimla.

Admission Number

Class / Section

Name of Child

Name of School

Areas in which you could contribute to enrich school life in terms of time, skills, etc.

Culture

Medical

Media

Professional

Sports

Academic

Any specific medical note:

Please write any 2 references:

### A Certificate From Parents

hereby certify that the above information is correct. I understand that the registration does not guarantee admission to my ward. I accept the process of admission undertaken by the school and I will abide by decisions taken by the school authorities.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature