



ST. MARTIN'S DIOCESAN SCHOOL
CHURCH ROAD, DELHI CANTT-110010
(Under the Management of Diocese of Delhi, Church of North India)
Phone No. 011-20895675, +91-7701847614
Website: www.stmartinschooldelhicantt.com

REGISTRATION FORM-NURSERY

Academic Session: 2025 – 26

FormNo.: _____

Date: _____

1. Name of the Pupil (*In Capital letters*) Master/Miss: _____
2. Date of Birth (*In Figures*): DD _____ MM _____ YYYY _____
3. Age (As on 31st March 2025): _____
4. Gender : Male Female Other
5. Mother Tongue: _____
6. Nationality: _____
7. Religion: _____
8. Parents Profile:-

Details	Father	Mother
Name		
Occupation		
Office Address		
Office Ph. No.		
Mobile No.		
E-mail Id		
Signature		

9. Play School Attended (Yes/No) : _____ If Yes , Please Specify : _____

10. Whether any sibling studying in the same school (Real Brother/Sister only) (if yes)_____

Mention: Name _____

Admission No. _____ Class & Section _____

11. Whether ward of alumni: (Yes/No): _____

If yes, year of passing (Class XII): _____

12. Does your child have any medical condition. (Yes/No)

If yes, specify _____(Doctor's Certificate to be attached)

13. Is your child differently abled or has any special needs? (Yes/No)

If Yes, Specify _____
_____(Doctor's Certificate to be attached)

14. Residential Address: _____

15. How did you hear about our School :

a. Recommended by someone, Please Specify _____

b. School Website/Facebook Page : _____

c. Others (Please Specify) _____

Date: _____

Place: _____

Please Attach:

1. DOB Certificate
2. Aadhaar Card Copy of Parents and Pupil.
3. One passport size photo each of Parents and Pupil.
4. Proof of the Sibling (Latest Report Card/fees receipt of the sibling studying in our school).
5. Christian Candidates to attach Church / Presbyter Incharge Certificate.
6. Alumni – Class XII Marksheet / Pass Certificate issued by school.

(THIS FORM DOES NOT GIVE ANY GUARANTEE FOR ADMISSION IN THE SCHOOL)