



The Trinity School, Hoshiarpur

(A Minority Institution registered u/s 21(g) of the National Commission for Minority Educational Institutions Act, 2004)

(ICSE)

REGISTRATION FORM

Name of Child _____ Sex _____

Date of Birth _____ Nationality _____

Class to which admission is sought _____

Father's Name _____

Mother's Name _____

Residential Address _____

Phone Numbers: Residence _____

Office _____

Conveyance Required Yes/No _____

I understand that registering my child with the school does not guarantee admission.

Signature of Parent/guardian

Signature of Co-ordinator

Date _____