



ST. PAUL DIVINE SCHOOL

Near Punjab & Sind Bank, Main Bazar, Taraori

Reg. Forms

Full Name of Child: _____

Grade/Level: (e.g., Nursery, LKG, UKG) _____ Section: _____ Roll No: _____

Date of Birth: _____

Address _____

School Studying _____

Father's Name: _____

Occupation _____ Mob. _____ E-mail ID _____

Mother's Name: _____

Occupation _____ Mob. _____ E-mail ID _____

Primary Contact Number: _____ Email ID: _____

Emergency Contact (Alternative): _____

Medical & Dietary Information Allergies / Medical Conditions: (Please specify)

_____ Dietary Preferences: (e.g., Vegetarian, No Dairy) _____

I, _____

(Parent/Guardian Name), hereby give my consent for my ward to participate in the aforementioned event organized by St. Paul Divine School. I understand that the school will take the utmost care for the safety and security of the students. I authorize the school to provide or seek emergency medical treatment if necessary.

Media Release: I _____ my Consent to the use of my child's photograph / video in school publications or social media.

Signature of Parent/Guardian: _____ Date: _____

