



# 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: \_\_\_\_\_

