



UNACCO SCHOOL Excellence in Education

Meitram, Imphal West, Manipur- 795140

Phone No.: 8414966342

Registration No.

To affix
one recent
passport size
photograph
of the
student.

APPLICATION FOR REGISTRATION

ACADEMIC SESSION,

APPLICANT'S INFORMATION

Name																								
Date of Birth	Date			Month			Year			Place of Birth						Gender F <input type="checkbox"/> M <input type="checkbox"/>								
Present school with Address & contact no.																				Standard in which admission is sought				
Last school attended with Address & contact no.																								
Particular Academic strength of the student: <i>(Please specify subjects of interests.)</i>																								
Other interests of the student: <i>e.g. Art, Music, sports (Please specify standard & interest)</i>																								
Any academic difficulties: <i>e.g. dyslexia</i>																								

FAMILY INFORMATION

Father's Name			Educational Qualifications		
Profession		Contact No. & e-mail			
Mother's Name			Educational Qualifications		
Profession		Contact No. & e-mail			
Permanent Address (Home)					
Address for correspondence				Phone No.	
Siblings of applicant (if any)	Name		Std. & Sec.		

REFEREE'S INFORMATION:

Name	Address	Contact No.

Mode of Transportation: • School • Own Type of Student • Day Scholar • Boarder

UNDERSTANDING

I understand and agree that the registration of my ward does not guarantee admission to the school and that the registration fee is neither transferable nor refundable.

Signature	Date
Name	Relation to the ward

FOR OFFICE USE ONLY

1) Date of Registration:.....	Receipt No.....
2) Signatures of a. (Admin)..... b. (Academic).....	
Report:.....	
Date:.....	