



St.Thomas' School

Shimla-3 Tel: 0177- 2656507

Registration Form

Session 2021-2022

Serial No:

Class _____

Name of the School

	Child's First Name	Child's Last Name	Date of Birth			Last Attended
Master/Miss	<input type="text"/>					

Title (Mrs., Ms., Dr.)

Title (Mrs., Ms., Dr.)

Mother's Name

Father's Name

Mother's Last Name

Father's Last Name

Academic Qualification

Academic Qualification

Designation

Designation

Name of Organisation

Name of Organisation

Profession

Profession

Office Address

Office Address

Office Telephone

Office Telephone

Mobile no

Mobile no

Email Id

Email Id

Residential Address

Address contd

Telephone

Mobile

If you belong to the following categories, please provide the requested details

Ex- Student of St.Thomas' (Mother) YES NO Batch (Father) YES No Batch

Staff Child YES NO Name of Staff

Details of any siblings (real brother or sister only) presently studying at St.Thomas' School, Shimla

Admission Number	Class/Section	Name of Child
<input type="text"/>	<input type="text"/>	<input type="text"/>

Areas in which you could contribute to enrich school life in terms of time, skills etc.

Culture Medical Media

Professional Sports Academic

Any Specific medical note : _____

Please Write any two references :

Father's Name

Mother's Name