



# UNACCO SCHOOL

## Excellence in Education

KHONGMAN ZONE - III (WEST),

IMPHAL- EAST DISTRICT, MANIPUR-795001

website : www.unaccoschool.in - e-mail : info.unaccoschool@gmail.com

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 &amp; 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.....