



(Under the aegis of ABESIT)

Campus 4, 19th Km. Stone, NH-09 Ghaziabad 201009 Phone: 8448583380/81, 9711060916/17; Website: www.stepupschool.in

REGISTRATION FORM

SESSION 2024-25

| Class to | which admission is being s | ought: | | | | | |
|---------------------------------------|----------------------------|---------|-----|------------|---------|------------|---------------|
| Name of | f the Student: | | | | | | |
| Date of I | DDMMYEAR | | | | | | |
| (In Word Category Home A | (Circle One): GENERAL/S | C/ST/OI | BC | | | | <u>_</u> |
| Н О | U S E N O | | | | S T R E | ET | |
| | | | | | C I T Y | | |
| S T A T E C O U N T R Y Z I P C O D E | | | | | | | |
| | of Father/Guardian: | | | | | | |
| Parent D | Details: | | | | | | |
| S No. | | | | Father | | Mother | |
| 1. | Occupation | | | | | | |
| 2. | Highest Qualificati | on | | | | | |
| 3. | Office Address | | | | | | |
| 4. | Monthly/Annual Income | | | | | | |
| 5. | Mobile Number | | | | | | |
| Email I Student 1 | d : | | | | | | |
| Previous | Class Passed: | _Year: | S | School Nam | e: | | City: |
| Sibling E | | | | | | | |
| S No. | Name | Gend | ler | Age Curre | | ent School | Current Class |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| Sign: | | | | | | | |

Date:

For Office Use Only:

_____Sign & Date: Admission No:

*This form should be handed in person at the office from 8:00 am to 2:00 pm on all working days.