



(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.