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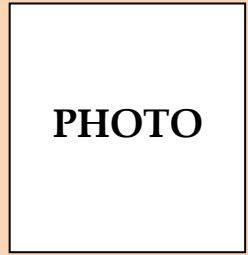
HOLLOTOLI SCHOOL

C.B.S.E. AFFILIATION NO. 1430012

DIMAPUR-797116, NAGALAND

☎: 8415924391

Email: admission@hollotolischool.com



REGISTRATION FORM: 2027-2028

1. Name of the student (As per Birth Certificate): _____

2. Date of Birth: Date: _____ Month: _____ Year: _____

(Age as per 1st April 2027): _____ Days _____ Months _____ Years

(Attach Date of Birth Certificate issued by the Competent Authority)

3. Father's Name: _____

Qualification: _____ Occupation: _____

Address: _____

_____ Tel: _____

4. Mother's Name: _____

Qualification: _____ Occupation: _____

Address: _____

_____ Tel: _____

5. Last School Attended: _____

Address: _____

Last class passed: _____

6. Siblings studying in Hollotoli School (if any):-

Name

Class

i. _____

ii. _____

iii. _____

7. Class to which admission is sought: _____

Dear Parents/Guardians,

Thank you for your interest in our School. You are kindly requested to fill up this open-ended questionnaire as part of the admission procedure.

1) How did you get to know about Hollotoli School?

Through family

Through friends

Through media

Others (Please mention below)

2) What is the key reason(s) that made you choose Hollotoli School for your child?

3) What are your expectations from the school for your child's academic, social and personal growth?

4) In what ways do you support your child's learning and development at home?

5) What are your child's area of strength, interest or special talent?

6) Does your child need any special care or support in the school?

(Please tick if applicable)

No

Yes (Please tick the relevant areas)

Learning Support (eg. Difficulty in reading/writing)

Speech or communication help.

Medical care (eg. Asthma, Allergies)

Diagnosed condition (eg. ADHD, Autism, Dyslexia)

Others (Please mention) _____

I hereby certify that the particulars provided by me are correct to the best of my knowledge. I am fully aware of the rule that registration is not a guarantee for admission and that my child/ward must take the entrance test or qualify for admission to the appropriate class. The decision of the management shall be final.

Dated: _____

Signature of the Parent/Guardian

FOR ONLINE REGISTRATION

Note:

* Registration fee payment of Rs. 2500 has to be made in online mode:

- Account Name : **HOLLOTOLI SCHOOL**
- ACCOUNT NO : **32184912792**
- IFSC CODE : **SBIN0000072**
- BRANCH : **STATE BANK OF INDIA**

Dear Parents/Guardians,

Kindly attach the screenshot of the payment receipt/payment along with the filled in Registration form and mail it to admission@hollotolischool.com