

Academic Excellence International School



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REGISTRATION FORM -2025-26

Application No:

CEP - Admission Partner Code:

REGISTRATION Date:

Photo

STUDENT INFORMATION

Name		Nationality	
		Religio	
Aadhar ID		Area	
Gander		Street	
D.O.B		Transport mode	
Branch		Allergy /chronic illness	
Class			

PARENT INFORMATION

Father's Details :

Mother's Details :

Aadhar ID		Aadhar ID	
Name		Name	
Designation		Designation	
Phone no.		Phone no.	
Email		Email	
Edu./ Qualification		Edu. Qualification	

Residence Number			
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