

**AIR FORCE SCHOOL THANJAVUR**  
**REGISTRATION FORM FOR ACADEMIC SESSION (2024-25)**

Registration No.	(for office use only)	PHOTO
Priority & Category	(for office use only)	
Class	LKG / UKG / CLASS I / CLASS II / CLASS III / CLASS IV	
Name of the Child		
Date of Birth		
Sex		
Father's Name		
Mother's Name		
Parent's Occupation		
(a) Father		
(b) Mother		
Local Address		
Telephone / Mobile No.		
E-Mail Id.		
Date:	Signature of Parent / Guardian	

**FOR OFFICE USE ONLY**

**DRAW OF LOTTERY**

Registration No.	
Priority & Category	
Name of the child	
Father Name	
Date of Birth	
Seal & Signature	

**ACKNOWLEDGEMENT COPY**

Registration No.	
Priority & Category	
Name of the child	
Father Name	
Date of Birth	
Seal & Signature	