



DELHI PUBLIC SCHOOL
A S A N S O L

Registration Form

REGISTRATION NO. : 

ISSUED ON : 

FOR SESSION : 

USE CAPITAL LETTERS ONLY

Please do not leave any column blank. Return the completed registration form within fifteen days from the day of issue the form. Form received at a later date will not be entertained.

The registration number will be used for all further intimation/communication.

Name of Student _____

Category : ST / SC / OBC / GENERAL

Date of Birth (dd/mm/yy) _____ / _____ / _____ Sex _____

Date of Birth (in words) _____

Age of the child on 31st March _____ Years Months Days

Class to which admission is sought (enter in words) _____

Residential Address _____

City _____ State _____ Pincode _____

Telephone (s) _____ E-mail _____

School in which the child is presently studying _____

Class in which the child is presently studying _____

Special skills and interests- _____

Affix passport
size photograph

Parent's Data

Details of the parents

Father

Mother

Name _____

Qualifications _____

Profession _____

Organization's Name _____

Designation _____

Office Address _____

* Phone Nos. _____

* Mobile No. _____

* E-mail _____

AREAS IN WHICH PARENTS COULD CONTRIBUTE AND ENRICH THE SCHOOL

<input type="checkbox"/> Music/Dance/Drama	<input type="checkbox"/> Painting/Sculpture	<input type="checkbox"/> Bus/Outing Supervision
<input type="checkbox"/> Social Skills	<input type="checkbox"/> Academics	<input type="checkbox"/> Career Counselling
<input type="checkbox"/> Shiksha Kendra	<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Medical
<input type="checkbox"/> Sports	<input type="checkbox"/> Media/PR	<input type="checkbox"/> Others

Miscellaneous Data

No. of Children	(Son/s)	(Daughter/s)
Details of Siblings	1	2
School/Class in which studying		
Have you applied for any other child ? YES/NO If Yes, Name		Class
Does your child suffer from a medical ailment ? If yes, give details		
Reasons for choosing D P S A		
Your expectations From school		

I/We hereby certify that the information given in this form is true and correct. I/We have read and understood all the rules & regulations given in the brochure, and hereby agree and give consent to abide by them, if my son/daughter is selected for admission. I/We also understand that the registration of my/our child does not guarantee his/her admission to the school and that the Registration fee is neither refundable nor transferable.

FATHER'S SIGNATURE

MOTHER'S SIGNATURE

GUARDIAN'S SIGNATURE

(Relationship with Student)

Date _____

For Official Use

Admitted

Not Admitted

Class	Section	w.e.f.
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ENCLOSURES

Photograph of the student



Medical Certificate



Photograph of the parents



School Leaving Certificate



Birth Certificate



Previous Year's Report Card



Category (ST/SC/OBC/GENERAL)



ADMISSION NO.

Admission Incharge :

Principal