



REGISTRATION CUM ADMISSION FORM

Session 20 - 20

B. Parent's Profile

FATHER

MOTHER

| | | |
|-------------------------------|----------|----------|
| 1. Name | ..... | ..... |
| 2. Educational Qualifications | ..... | ..... |
| 3. Occupation | ..... | ..... |
| 4. Designation | ..... | ..... |
| 5. Official Address | ..... | ..... |
| | Ph..... | Ph..... |
| | Mob..... | Mob..... |

6. If staff child, then name of the staff

14. a) Area of interest in which parents can help the school

| | | | | |
|---------------------------------|-----------------------------------|------------------------------------|----------------------------------|--------------------------------|
| Sports <input type="checkbox"/> | Cultural <input type="checkbox"/> | Academics <input type="checkbox"/> | Medical <input type="checkbox"/> | Other <input type="checkbox"/> |
|---------------------------------|-----------------------------------|------------------------------------|----------------------------------|--------------------------------|

b) If other, please specify

C. Other Information

1. Wants to avail Bus Facility

| | |
|------------------------------|-----------------------------|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|------------------------------|-----------------------------|

If Yes, specify the location

Distance from School (in Km)

2. Wants to avail Hostel Facility

| | |
|------------------------------|-----------------------------|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|------------------------------|-----------------------------|

| | | | | |
|---|-----------------------------|--------------------------|--------------------------|---------------|
| 3. Photo / Attested document(s) submitted | 3 passport size photographs | Yes | No | REMARK |
| | Birth Certificate | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Mark Sheet of last class | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Caste Certificate | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Original T.C. | <input type="checkbox"/> | <input type="checkbox"/> | |

D. Declaration

1. I wish to admit my ward in Delhi Public School-Durg. I understand that the acceptance of this application form is in no way guarantee of admission of my ward in Delhi Public School, Durg. I have read all the instructions and will abide by all the rules & regulations and instruction of school (existing and issued form time to time).

2. No legal case is pending in any court of law in respect of my child's custody.

Signature:.....
Name:.....
Date:.....

FOR OFFICE USE

| | | |
|--|--------------------------------------|------------------------------|
| Admission Granted <input type="checkbox"/> | Not granted <input type="checkbox"/> | Remarks:..... |
| Class of Admission:..... | | Date of Admission:..... |
| Fee Deposited on:..... | | |
| Signature of Accountant:..... | | Signature of Principal:..... |