DELHI PUBLIC SCHOOL KALINGA

Affiliation No.1530078 Website: www.dpskalinga.edu.in Email: info@dpskalinga.edu.in

For Office Use only

Regd. No.: _____

Date: _____

REGISTRATION FORM

PRE NURSERY TO IX

(Issue of Registration Form does not imply admission)

Please fill up all details in Capital Letters only.

Affix recent passport size photo of Student

Admission sought to **Class**..... **Session**: 20.....-20.....

[The child should be 3+ years of age as on 1st Sept. 20___ for Pre-Nursery.]

Student's Name: .....

Date of Birth (dd/mm/yyyy): ..... **Gender** *(please tick)*: Male/Female/Other

(Attach a photocopy of birth certificate issued by the competent authority)

Nationality of Student: ..... **Religion**: .....

Mother Tongue: ..... **Category** *(please tick)*: SC/ST/OBC/General

Aadhaar: ..... **APAAR:** ..... **PEN**: .....

DETAILS	MOTHER	FATHER
Name		
Academic Qualification		
Occupation & Designation		
Office Name & Address		
Residential Address		
Contact No.	(O)- (M)-	(O)- (M)-
E-mail		
Aadhaar No.		

Name of the Previous School *(if applicable):* **.....**

Class Studied upto: .....

Language Studied till now: 2nd LANGUAGE ..... 3rd LANGUAGE .....

Is SCHOOL TRANSPORT required? *(Please tick)*: **YES** ☐ **NO** ☐

Details of Brother/Sister studying in DPS Kalinga (not cousins), if any:

Name of the Student	Admn. No.	Class

DECLARATION: I hereby certify that the above information is correct to the best of my knowledge and belief. I also understand that on accepting the registration form of my ward the school is not in any way, obliged to grant admission.

Date: ..... **Signature of Parent/Guardian**