



DE INDIAN PUBLIC SCHOOL




GIVE WINGS TO YOUR DREAMS

(A Senior Secondary School, Affiliated to CBSE)

Pocket-11, Sector-24, Rohini, Delhi- 110085

E-mail : rohini.dips@yahoo.co.in Web : www.dipsrohini.in Tel: 011-27050252/53/54 Fax: 011-27050255

 De Indian Public School

APPLICATION FORM FOR REGISTRATION

S. No. _____

SESSION : 20 -20

Instructions to fill the form :

1. Write clearly in BLOCK letters using blue or black pen.
2. Parents should fill the form in their own handwriting.
3. Tick whichever is applicable.

A. CHILD'S DETAILS

- Name of the Child

First Name

Middle Name

Surname

<input type="text"/>	<input type="text"/>	<input type="text"/>
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- Date of Birth (in words)

- Date of Birth (in figures)

D	D	<input type="text"/>	<input type="text"/>	M	M	<input type="text"/>	<input type="text"/>	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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- Age as on March 31, Years Months

- Class for which admission is sought

- Sex : M/F SC/ST/OBC : Yes No

- Nationality

- Details of Previous School

Name of the School

Class

Address

- Is school transport required : Yes No

- Medical Information :

Blood Group

Does the child have some special needs : Yes No

(if yes, give details)

B. PARENTS' DETAILS

FATHER

MOTHER

AFFIX LATEST PHOTOGRAPH

AFFIX LATEST PHOTOGRAPH

• Name	<input type="text"/>	<input type="text"/>
• Date of Birth	<input type="text"/>	<input type="text"/>
• Nationality	<input type="text"/>	<input type="text"/>
• Academic Qualification(s)	<input type="text"/>	<input type="text"/>
• School/College/University	<input type="text"/>	<input type="text"/>
• Residential Address	<input type="text"/>	<input type="text"/>
• Phone No.	<input type="text"/>	<input type="text"/>
• Mobile No.	<input type="text"/>	<input type="text"/>
• Occupation (Service/Business/Others)	<input type="text"/>	<input type="text"/>
• Designation	<input type="text"/>	<input type="text"/>
• Name of Organisation	<input type="text"/>	<input type="text"/>
• Office/Business Address	<input type="text"/>	<input type="text"/>
• Office Phone No.	<input type="text"/>	<input type="text"/>
• E-mail ID	<input type="text"/>	<input type="text"/>

DETAILS OF CONTACT PERSON (GUARDIAN) IN CASE OF EMERGENCY :

Name	<input type="text"/>	
Relationship	<input type="text"/>	Phone No. <input type="text"/>

C. ADDITIONAL INFORMATION

- Approximate distance from School to Residence :

Upto 3 kms Upto 5 kms Upto 8 kms Upto 12 kms Above 12 kms

- Details of Single Parents (if applicable) :

Divorced Widow Widower

- Transferable Job : Father Yes No Mother Yes No

- Whether Defence/Police Personal : Yes No

If yes, please give the name of the organisation

- Sibling(s) studying in the School : Yes No

If yes, name of the child 1. _____ Class & Section _____

2. _____ Class & Section _____

- Areas of interest where parental contribution could enrich the school :

Music/Dance/Drama Media/PR

Academics Medical

Sports Art & Craft

Social Skills Community Programme

Others (Please specify)

- Any other information you would like to share :

D. CERTIFICATE FROM PARENTS

- I/We hereby certify that all the information given is correct to the best of my/our knowledge. Admission of my child may be cancelled if any information is found to be incorrect/false.
- I/We understand that the submission of Application Form does not guarantee admission. It will depend on the availability of seats subject to meeting the criteria laid down by the Directorate of Education (DoE) and the School Management.
- I/We certify that the residential address mentioned in the Application Form is the actual residence where we live and has not been mentioned only for the purpose to seek admission by qualifying for the distance criteria.
- I/We promise to show the original documents as and when called for, to authenticate with the xerox copies provided by me/us.
- I/We agree to provide all the undertakings which may be asked by the school.
- I/We indemnify the school authorities from any injury sustained by my ward during the conduct of various activities of the school.
- I/We promise to abide by all the rules and regulations of the school published from time to time.

Signature of Father

Signature of Mother

Signature of Guardian

Name of Father

Name of Mother

Name of Guardian

Date

Place

Srl. No.

Class for which applied

Name of the Child

S/o, D/o



Attested Photocopies of the following documents to be submitted with the Application Form. Original documents to be produced by parents at the time of admission.

Date of Birth Certificate of the Child

Proof of Residence (Passport, Voter ID Card, Aadhaar Card
Current Electricity/Telephone/Water Bill)

Proof of Sibling (if applicable) : Latest Fee Receipt

School Leaving Certificate of the Child (wherever applicable)

For Office Use

Checked and Verified by :

Name _____ Sign. _____ Date _____