



# DELHI SCHOLARS INTERNATIONAL SCHOOL

SECTOR-88, GREATER FARIDABAD

(To be filled by the office)

## REGISTRATION FORM CLASS I - X

Regn. No. ....

Year \_\_\_\_\_ Class \_\_\_\_\_

Issue of Registration form does not ensure admission

Registration Form Charges Rs. 200/- Non-refundable

Please affix a recent passport size photograph of Father

Please affix a recent passport size photograph of Mother

Please affix a recent passport size photograph of Candidate

1. Name of the student (Block Letters)

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2. Date of Birth (in figures)

DAY				MONTH				YEAR				Sex								
												MALE FEMALE								

(in Words)

3. Aadhaar Card No. of Child

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4. Residential Address (Please give complete postal address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Phone Numbers (atleast two)

(F) \_\_\_\_\_ (M) \_\_\_\_\_

6. Name of the School studying in Recognised or not

\_\_\_\_\_

\_\_\_\_\_

Is it affiliated to CBSE or any other board?

\_\_\_\_\_

7. Class in which studying

\_\_\_\_\_

8. Medium of instruction

\_\_\_\_\_

9. Proficiency in Sports/Music/ Arts/ Others

\_\_\_\_\_

10. Marks obtained in the last Examination

S. No.	Subject	% Mark/Grades	S. No.	Subject	% Marks/Grades
(1)	_____	_____	(4)	_____	_____
(2)	_____	_____	(5)	_____	_____
(3)	_____	_____	(6)	_____	_____
			Aggregate %		_____

11. Nationality of the student

\_\_\_\_\_

12. Please fill in the following information

Name (Block Letters)

Father	Mother
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Aadhaar Card No.

Email ID :

Academic Qualifications:

Name of the School :

Name of the College :

Name of the University:

Designation :

Occupation: **Detailed specification must be mentioned**

**Business/Professional/Self Employed**

Corporate Sector/Govt. Service/Defence forces

If Business : Shop/Factory/Industry/Others

If Professional : Advocate/ Architect/ Doctor/Engineer/Computer Engineer/CA

If Corporate : Multinational/National/ Public Sector

Gross Annual Income

Name of organisation/Company

Office Address & Phone No.

13. Areas in which you could contribute to the school to enrich life in terms of time, skills etc. (please put a ✓)

<input type="checkbox"/> Cultural	<input type="checkbox"/> Medical	<input type="checkbox"/> Media
<input type="checkbox"/> Professional	<input type="checkbox"/> Sports	<input type="checkbox"/> Academics

14. The following information is important for shortlisting children, kindly fill whatever is applicable to you.

- (a) In case of staff child, name of parent working at Delhi Scholars International School \_\_\_\_\_
- (b) Distance of School from residence \_\_\_\_\_
- (c) Details of siblings (real brother or sister) studying in the school \_\_\_\_\_

15. Is school transport required ? \_\_\_\_\_

**INSTRUCTIONS**

- 1. School leaving certificate in original will be required if admission is granted, along with two copies of passport size photographs.
- 2. The school provides transport facilities but offers no guarantee that a seat in the school bus will be provided. When the buses are full to capacity/do not ply in the area of your residence, it will be the responsibility of the parents/guardians to drop and collect the child from the specified bus stops. Transport once provided will not be discontinued during the academic session.

Principal

**CERTIFICATE**

- 1. I fully understand, that the school on accepting the registration of my ward is not in any way bound to grant admission, as the admissions are purely on the availability of seats and on qualifying pre-admission test/interview. I also understand that the decision of the Principal regarding admission will be final and binding on me.
- 2. In the event of my ward being selected for admission, I shall have no objection to the school Medical Officer inoculating my child against Typhoid A, B & Cholera etc. I further undertake to abide by the School Rules (existing and amended from time to time).
- 3. I hereby certify that the Information given is correct and I shall abide by the decision of the school.

Date .....

Place .....

Signature of Mother

Signature of Father