

DIPS

PRE SCHOOL TO CLASS 5

STUDENT APPLICATION FORM

ADMISSION NO.:

De Indian Public School

PRE SCHOOL TO CLASS 5

STUDENT APPLICATION FORM

— ■ 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

Sur Name

- 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 31st March

2	0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	years	<input type="text"/>	<input type="text"/>	months
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- Class for which admission is sought:

- Sex: M/F

Nationality:

- Is school transport required:

Yes No

- Medical Information: Blood Group

- Does the child have some special needs:

Yes No

- (If yes, give details)

AFFIX LATEST
PHOTOGRAPH
OF THE CHILD

AFFIX LATEST
PHOTOGRAPH
OF THE FATHER

AFFIX LATEST
PHOTOGRAPH
OF THE MOTHER

B. PARENT'S DETAILS**FATHER****MOTHER**

Name

Academic Qualification(s)

College/University

Residence Address

Phone No.

Mobile No.

Occupation

(Service/Business/Other)

Designation

Name of Organisation

Office/Business Address

Phone No.

E-mail ID

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

Name

Relationship

Phone No.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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D. ANY OTHER CHILDREN IN THE FAMILY

Name

Age

Sex

School

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E. NAME AND ADDRESS OF TWO REFERENCES

Name

Address

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

I hereby certify that the above information is true

Signature: Father

Mother

For Office Use Only

Admitted to

Teacher / Class

Route No.

Authorised Signatory



Give wings to your dreams

De Indian Public School

The Primary School

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