



D.A.V. PUBLIC SCHOOL

Sector-IX, R.K. Puram, New Delhi-110022

Email : dav_rkpuram@yahoo.co.in

Ph.: 011-79658301, 9310062112

Website : www.davrkpuram.com

REGISTRATION FORM

Session

(For Office Use Only)

Date _____

1. Registration No. _____

2. Class to which Admission is sought _____

3. Receipt No. _____

4. Student's Name _____

Student's Aadhar Card No. _____

Nationality _____

Date of Birth _____

Age as on 31.03 _____

Residential Address _____



5. Father's Name _____

Aadhar No. _____

Educational Qualification _____

Occupation _____

Full Office Address _____

Mobile No. 1 _____ Mobile No. 2 _____

E-mail ID _____



6. Mother's Name _____

Aadhar No. _____

Educational Qualification _____

Occupation _____

Full Office Address _____

Mobile No. 1 _____ Mobile No. 2 _____

E-mail ID _____



7. Distance of residence from school _____ kms (approx)

8. Is the school transportation required : Yes No

9. Medical Information : Does the child have some special needs?

If Yes, give details _____

10. Parameters for Admission

(A) GENERAL

(i) Neighbourhood (Tick as applicable)

(0-3) Km Radius

(3-5) Km Radius

(5-8) Km Radius

8 Km and Above

(ii) Sibling (Real Brother/Sister only)

Yes

No

(Tick as applicable)

If sibling in the same school Sibling's Name

Give details of sibling

Class-Section

(iii) School Alumni

(a) Father

Yes

No

(Tick as applicable)

(b) Mother

Yes

No

(iv) Child who is physically challenged

Yes

No

(v) Single Parent

Yes

No

(Widow/Widower/Divorcee/Unmarried/Separated)

(vi) Transfer Case : Father/Mother

Yes

No

(Both or either of the parents on transferable job)

11. Attested Photocopies of documents submitted are tick-marked below:

1. Date of Birth Certificate of Child.

2. Medical certificate of the child (or children with specific needs).

3. Certificate of Father's and Mother's Qualification.

4. Proof of Residence.

5. Aadhar Cards of Parents.

12. I shall produce the requisite documents in original at the time of admission.

Signature of Parent

UNDERTAKING

I _____ Father / Mother of _____ hereby
declare that information given by me is based on facts and authentic records. Admission of my child be cancelled if any
information is found to be false.

Signature of Parent