

AREAS IN WHICH PARENTS COULD CONTRIBUTE AND ENRICH THE SCHOOL

- | | | |
|--|---|---|
| <input type="checkbox"/> Music/Dance/Drama | <input type="checkbox"/> Painting/Sculpture | <input type="checkbox"/> Bus/Outing Supervision |
| <input type="checkbox"/> Social Skills | <input type="checkbox"/> Academics | <input type="checkbox"/> Career Counselling |
| <input type="checkbox"/> Shiksha Kendra | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Media/PR | <input type="checkbox"/> Others |

Miscellaneous Data

No. of Children	(Son/s)	(Daughter/s)
Details of Siblings	1	2
School/Class in which studying		
Have you applied for any other child ? YES/NO If Yes, Name		Class
Does your child suffer from a medical ailment ? If yes, give details		
Reasons for choosing D P S A		
Your expectations From school		

I/We hereby certify that the information given in this form is true and correct. I/We have read and understood all the rules & regulations given in the brochure, and hereby agree and give consent to abide by them, if my son/daughter is selected for admission. I/We also understand that the registration of my/our child does not guarantee his/her admission to the school and that the Registration fee is neither refundable nor transferable.

FATHER'S SIGNATURE

MOTHER'S SIGNATURE

GUARDIAN'S SIGNATURE

(Relationship with Student)

Date _____

For Official Use

Admitted	Not Admitted
Class	Section
	w.e.f.

ENCLOSURES

Photograph of the student	<input type="checkbox"/>	Medical Certificate	<input type="checkbox"/>
Photograph of the parents	<input type="checkbox"/>	School Leaving Certificate	<input type="checkbox"/>
Birth Certificate	<input type="checkbox"/>	Previous Year's Report Card	<input type="checkbox"/>
Category (ST/SC/OBC/GENERAL)	<input type="checkbox"/>		

ADMISSION NO.

Admission Incharge :

Principal