



DEEP PUBLIC SCHOOL

(A SENIOR SECONDARY SCHOOL, AFFILIATED TO CBSE)

Sector-D Pocket-II, Vasant Kunj, New Delhi-110070

Tel.: 011-26897382, 26131771

REGISTRATION FORM

Pre-School (Nursery)

Academic Session

Note :- Attested photocopies of required documents (as per check list) should be submitted with this registration form, original documents will be checked at the time of admission.

- 25% seats are earmarked for economically weaker section and disadvantaged group as per Notification No:- 15(172)/DE/Act/2010/69 dated : 07/01/11.

1. Ward's Name (In block letters) : _____

2. Class to which admission is sought : _____

3. Date of Birth :

Date		Month		Year			

(In words) : _____

4. Gender : (Please Tick) : Male ☐ Female ☐ Nationality : _____

5. Father's Name (In Block Letters) : _____

Residential Address : _____

Tel.: No. : _____

Aadhaar Card No :- : _____

6. Mother's Name (In Block Letters) : _____

Residential Address : _____

Tel.: No. : _____

Aadhaar Card No :- : _____

7. Whether School transport is required ? Yes ☐ No ☐

8. Medical History / Information :- Is your ward medically fit in all respects (Please Tick) : Yes ☐ No ☐

If 'NO' please submit attested copy of medical details and guidelines to handle emergency situation. Important- if the child is admitted to school it will be the sole responsibility of the parent to appraise the class teacher from time to time and submit in writing the child medical condition and guidelines to handle emergency situation each Academic year till the time he/she is the student of this school.

cont.

9. Does your ward belong to any of the following category (please tick the right option) if 'Yes' support with attested copy of the child's certificate issued by relevant authority).

Schedule Caste		Schedule Tribe		Other Backward classes		Minority	
Yes	No	Yes	No	Yes	No	Yes	No

10. Does your ward reside within 8 km radius of school.
(Please tick) if 'Yes' support claim with copy of residence address proof).

Yes	No

11. Any real brother / sister of your ward currently studying in this school
(Please tick) if 'Yes' complete the details given below.

Yes	No

Details of Sibling

Admission No **Name** **Current Class**

.....

.....

.....

12. Is the parent of the ward Alumni of the school.

Parent	Yes	No
Father	From A. Session _____ to _____	
Mother	From A. Session _____ to _____	

Points Criteria
(for Office Use)

..... / 60 pts

..... / 30 pts

..... / 10 pts

Points earned /100

Checklist of attested photocopy enclosed :

- Proof of Date of Birth
- Medical details along with guidelines / direction to handle emergency situation (if the child has a Medical history / condition)
- SC/ST/OBC certificate (if applicable)
- Residence proof (if residing within 8 km radius of school)

I understand that :

- (i) Registration does not guarantee admission
- (ii) Decision of the school authorities shall be final and binding.

Date :

Signature of Father/Mother

UNDERTAKING

I _____ father / mother of _____ here by declare that information given above by me is based on facts and is authentic. Admission of my child may be cancelled if any information is found to be false.

Date :

Signature of Father/Mother

FOR OFFICE USE ONLY

Date of submission : _____

Date of verifying documents : _____

Remarks : _____

Date : _____

Signature
(Admin officer)