



D.A.V PUBLIC SCHOOL

SECTOR- VI, DWARKA, NEW DELHI-110075

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Registration Form for Pre-School

Photograph of
Child

Photograph of
Father

Photograph of
Mother

1. **Name of Child** (in block letters):

a) **Date of Birth** : DD MM YEAR

(Copy of Birth Certificate to be submitted. Minimum age 3 yrs on 31.03.2015)

b) **Age as on 31.03.2015** : Years, Months, days

3. **Gender** : Male Female (Tick whichever is applicable)

Girl Child/ First Born Child

Points (10)

4. a) **Residential Address:**

.....

b) **Distance from School:**.....(in kilometers)

(Proof of Residence required)

0 to 1 Km- 40
1.1 to 3Km- 30
3.1 to 5Km- 20
Beyond 5 Km- 10

5. **Details of Parents:** (If Defence Martyrs in the family, please mention)

Points (10)

a) **Father's Name** (In block letters):.....

Profession :

Designation (If applicable) :

Office Address :

.....

Tele No. (Resi) :

Mobile No. :

Is the job transferable ? Yes No (Tick whichever is applicable)

.....

b) **Mother's Name**(In block letters):.....

Profession :.....

Designation (If applicable) :.....

Office Address :.....

:.....

Tele No. (Resi) :.....

Mobile No. :.....

Is the job transferable ? Yes No (Tick whichever is applicable)

6. **School Alumni** (tick as applicable) if yes, year of passing

Points (15)

a) Father Yes No

b) Mother Yes No

c) Others :.....

7. (a) Is the school transportation required ? : (Tick whichever is applicable)

Yes

(b) if no,are you in a position to provide safe transportation to the student to and fro from the school ?

Yes No (Tick whichever is applicable)

Please indicate what satisfactory transport arrangement you can make if living far off Area.....

8. **Does the child have some special needs?** Yes No (Tick whichever is applicable)

If yes, please give details :

.....

9. (a) **Is sibling of the child studying in this school ?**(Tick whichever is applicable)

Points (15)

Yes No

(b) If YES Please give following details of the sibling :-

(i) Name Class Section

(ii) Name Class Section

Points (10)

10. If Sister Concern School: Yes No (Tick whichever is applicable)

If yes, please give details :

Name of the School :

Name of the Employee:.....Designation:.....

Status: Confirmed, Probation, Contractual

11. Information only (No allocation of points)

1) Has your child attended a play school ? If so, kindly give the name and address:

.....

2) Please give your observations about the child’s talents, skills, interests etc.(attach extra sheet, if necessary)

.....

12. Views on Child Education :

1) Why have you chosen D.A.V. as a school suitable for your child? (attach extra sheet, if necessary)

.....

2) What particular skill and habits would you like your child to learn at the primary level ?
(attach extra sheet, if necessary)

.....

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

- (a) Date of Birth Certificate of the child.
- (b) Identity proof (Any Two)
- (c) Proof of residence(Any One)
- (d) Proof of sibling (if applicable)
- (e) Proof of Alumni (if applicable)
- (f) Proof of Sister Concern School (If applicable)
- (g) Proof of DAV employee (if applicable)
- (h) Proof of Defence Martyrs
- (i) Medical Certificate of the child (for children with special needs)

Please register my ward named above in your school. I shall produce the original documents at the time of admission.

SIGNATURE

UNDERTAKING

I,father/mother ofhereby declare that information given above by me is correct. Admission of my child may be cancelled, if any of above information is found to be false.

SIGNATURE

Note:- Enclose attested photocopies of the documents, original will be checked at the time of admission