



Suraj Bhan D.A.V. Public School

F-10/15, Vasant Vihar, New Delhi-110057

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E-mail : sb_dav@yahoo.co.in Website : www.sbdav.com

Registration Form

(to be filled in Block Letters)

Regn. No. :

Photograph
of Student

Registration for Pre-School

(Strike-out whichever is not applicable)

1. Name of the Child :
(in Block Letters)

2. Date of Birth : DD MM YEAR
(In words) :

3. Sex : Male Female

4. a) Residential Address :
Tel. No. (Residence) :
b) Distance from School : Kms

5. Detail of Parents

a) Father's Name :
Profession :
Designation (if applicable) :
Office Address :
Tel. No. (Off.) :
Mobile No. :

b) Mother's Name :
Profession :
Designation (if applicable) :
Office Address :
Tel. No. (Off.) :
Mobile No. :

c) School Alumni, if yes, Year of Passing
a) Father : Yes No
b) Mother : Yes No
d) Are you DAV staff Member? : Yes No

6. School Transportation required? : Yes No

7. a) Is a sibling of the student studying in this school? Please reply with reference to the real sister or brother only Yes No

b) If yes, please give following details of the sibling:

Name :
Class :
Section :

8. Attested Photocopies of documents submitted are tick marked below :

- a) Date of Birth Certificate of the Child
- b) Medical Certificate of the child (for children with special needs)
- c) Proof of Residence
- d) Proof of Sibling (If applicable)
- e) Proof of Alumni (If applicable)

Note:

Only photocopies of the documents are to be enclosed. Originals will be checked at the time of admission.

Please register my son/daughter/ward named above to your school. I shall produce the requisite documents at the time of admission.

Signature of the Mother

Signature of the Father

Name :

Name :

UNDERTAKING

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

Dated :

Signature.....