

KALKA PUBLIC SCHOOL

Alaknanda , New Delhi-110019

REGISTRATION FORM

Form No

NET -

Father

Mother

Student

Class :- Pre School / Pre Primary

Age:- 3 & 3+ / 4 & 4+ (as on 31st March 202___)

1. Name of the Student (in Block Letters)

2. Date of Birth:-

Date		Month		Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Date of Birth (in words):-

4. Age:- _____ Yrs. _____ Months

5. Sex:- Male Female

6. Neighbourhood:- Mention distance from the school : _____ k.m.

7. Are you Alumni of the school (Yes/No) (If yes, enclose documents)

8. (a) Is a sibling of the student studying in this school ? : Yes/ No

(please reply only with reference to real sister or brother)

(b) If yes, please give following details of the Sibling.

Name Class Section

Acknowledgement
KALKA PUBLIC SCHOOL

Form No

Student Name

Pre-School / Pre Primary

8. Details of parents :-

a) Father's Name

Mother's Name

b) Occupation/Profession

Occupation/Profession

c) Office Address / Tel. No / Mobile No.
.....
.....
.....

Office Address / Tel. No / Mobile No.
.....
.....
.....

d) Residential Address.
.....

e) Res. Tel. No.
.....

Guidelines:

Photocopies of all the following documents to be enclosed:-

- Birth Certificate
- Aadhar Card of Child & Parents
- Residential Proof

Father's Signature

Mother's Signature

