

KALKA PUBLIC SCHOOL

Alaknanda , New Delhi-110019

REGISTRATION FORM

Form No

NET-

Tick to which class Admission is sought.

Class	Age as on 31 st March 202_)
<input type="checkbox"/> Pre School (NUR)	3 & 3+
<input type="checkbox"/> Pre Primary (KG)	4 & 4+
<input type="checkbox"/> I	5 & 5+

Father	Mother	Student

1. Name of the Student (in Block Letters) _____

2. Date of Birth:-
Date: Month: Year:

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 (If yes, enclose documents)

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

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

Name : _____

Class / Sec : _____

Acknowledgement
Kalka Public School

Form No :

001

Student Name :

9. 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:

Scanned copies of all the following documents to be attached:-

Birth Certificate

Photo ID and Residential Proof of Child & Parents (Aadhar card/Voter ID / Passport)

Father's Signature
(Scanned)

Mother's Signature
(Scanned)

