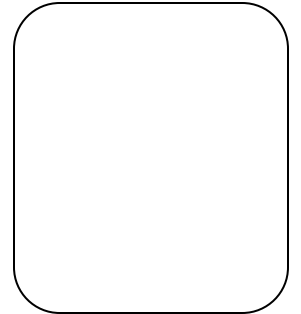


KALKA PUBLIC SCHOOL

(A unit of Kalka Group of Institutions)
ALAKNANDA, KALKAJI, NEW DELHI - 19
PARTAPUR BY PASS, MEERUT (U.P.)



FORM NO NET- _____

REGISTRATION FORM

ADMISSION TO CLASS _____

SESSION – 20____ - 20____

FILL IN BLOCK LETTERS

1. NAME OF THE CHILD _____

2. DATE OF BIRTH (IN FIGURES) _____

(IN WORDS) _____

3. AGE _____

4. NATIONALITY _____

5. NAME OF THE SCHOOL (LAST ATTENDED) _____

6. CLASS IN WHICH STUDYING _____

7. PRESENT RESIDENTIAL ADDRESS _____

WITH PHONE NO. _____

8. FATHER'S NAME _____

ACADEMIC QUALIFICATION _____

OCCUPATION:(PLEASE GIVE DETAILS) _____

DESIGNATION AND OFFICE
ADDRESS WITH CONTACT NO. _____

BUSINESS/PROFESSIONAL/SELF
EMPLOYED. _____

IF PROFESSIONAL: ADVOCATE/DOCTOR _____

/ENGINEER/CA/MANAGEMENT SERVICE
OR ANY OTHER _____

9. MOTHER'S NAME _____
ACADEMIC QUALIFICATION _____
OCCUPATION / DESIGNATION _____
OFFICE ADDRESS WITH CONTACT NO. _____

10. WHETHER BELONGS TO SC/ST YES / NO

11. YOUR EXPECTATIONS FOR YOUR CHILD FROM THE SCHOOL:

12. ANY SPECIAL APTITUDE OR TALENT THAT YOU PERCEIVE IN YOUR CHILD:

13. AREAS IN WHICH YOU COULD CONTRIBUTE TO ENRICH SCHOOL LIFE IN TERMS OF TIME , SKILL ETC.

(PLEASE TICK)

CULTURE [] MEDICAL [] MEDIA []

SPORTS [] ACADEMIC [] PROFESSIONAL []

14. WHETHER SCHOOL TRANSPORT IS REQUIRED FOR THE CHILD ? _____

15. NAME & CLASS OF REAL BROTHER (S) / SISTER (S), IF ANY , AT PRESENT STUDYING IN KPS.

UNDERTAKING

1. I parent / guardian of _____ take the undertaking that I will abide by the rules and regulations of the school as laid down in the school prospectus.

2. In case of sudden sickness or any injury to my ward during school hours, I will not hold school authorities responsible in any way. In case of further hospitalisation needed besides first aid given in the school, taking to the hospital for treatment could be solely my responsibility .

Address

Signature of parent / Guardian