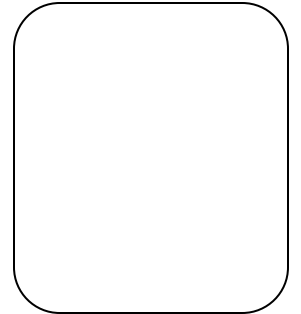


KALKA PUBLIC SCHOOL

(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