

# SOUTH DELHI PUBLIC SCHOOL

(Recognised and Affiliated to C. B. S. E)  
D-Block, Defence Colony, New Delhi-110024

## FORM - I

### REGISTRATION FORM

(To be Filled in block letters)

PHOTOGRAPH  
OF STUDENT

Form No. \_\_\_\_\_

Registration for Pre-School

1. Name of the Student (in block letters) : \_\_\_\_\_
2. Date of Birth : Date 

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 Month 

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 Year 

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(in words) \_\_\_\_\_
3. Sex : 

Male	Female
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 (Tick whichever is applicable)
4. Nationality : \_\_\_\_\_
5. Details of parents :
  - a. Father's Name (in block letters) : \_\_\_\_\_  
Profession : \_\_\_\_\_ Designation (if applicable) : \_\_\_\_\_  
Office Address : \_\_\_\_\_  
Residential Address : \_\_\_\_\_  
Tel. No. : (R) \_\_\_\_\_ (O) \_\_\_\_\_ (M) \_\_\_\_\_
  - b. Mother's Name (in block letters) : \_\_\_\_\_  
Profession : \_\_\_\_\_ Designation (if applicable) : \_\_\_\_\_  
Office Address : \_\_\_\_\_  
Residential Address : \_\_\_\_\_  
Tel. No. : (R) \_\_\_\_\_ (O) \_\_\_\_\_ (M) \_\_\_\_\_
  - c. Guardian's Name : \_\_\_\_\_  
Profession : \_\_\_\_\_ Designation (if applicable) : \_\_\_\_\_  
Office Address : \_\_\_\_\_  
Residential Address : \_\_\_\_\_  
Tel. No. : (R) \_\_\_\_\_ (O) \_\_\_\_\_ (M) \_\_\_\_\_

6. Do you belong to SC / ST / Physically Handicapped category? 

Yes	No
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If yes, please specify which one \_\_\_\_\_

7. (a) Is the School Transportation required? 

Yes	No
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 (Tick whichever is applicable)

(b) If no, are you in a position to provide safe transportation to the student to and from the school? 

Yes	No
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 (Tick whichever is applicable)

8. Does the child have some special needs? 

Yes	No
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 (Tick whichever is applicable)

If yes, give details  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. School Specific Parameters (as per enclosure)

9. Self attested photocopy of the following documents are enclosed :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Signature of Parent / Guardian**

**UNDERTAKING**

**I \_\_\_\_\_ father/mother of \_\_\_\_\_ hereby declare that the information given above by me is based on facts and authentic records. Admission of my child may be cancelled if any information is found to be false.**

**Signature of Parent / Guardian**

[ Enclose attested photocopies of the document, original will be checked at the time of admission ]