



edge

Delhi International School Edge
'Creating global heads with hearts'

STUDENT APPLICATION FORM

Delhi International School Edge

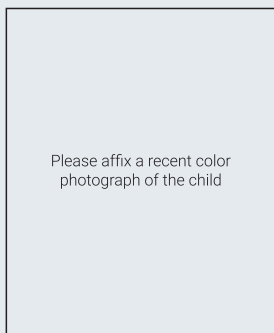
Sector 18, Dwarka, New Delhi 110 075 (India)

T : +91-11-28089999, 45522883, 45677610 | E : Info@disedge.ac.in | W : www.disedge.ac.in

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CHILD PROFILE



Registration for admission to class : Session :

First Name : Middle Name : Surname :

DOB :

Gender : Male Female

Nationality : Category : General SC ST OBC

Religion : Mother Tongue :

Aadhaar Card No. : Blood Group :

Age as on March 31st of the Admission Year : Single Girl Child Yes No

Transfer Case : Yes No If Yes City/Country : Staff/Alumni's Child : Yes No

Last School Attended	Grade/Year	Academic Year	Curriculum	Location
.....

English Proficiency : Beginner Fluent / Proficiency

TRANSFER CERTIFICATE DETAIL

Transfer Certificate No..... Date of Issue

Medical Information

- Speech / Hearing impairment or any other medical issue. Yes No
- Does the child need additional attention? If Yes, attach relevant documents. Yes No
- Has your child repeated a school year? Yes No
- Has your child been on the gifted or talented register? Yes No
- Has your child been diagnosed with any food allergies? Yes No
- Does your child have any ongoing medical conditions or allergies? Yes No

If you have answered yes to any of the above questions, please submit relevant documents

Instructions

I Please submit self attested copies of the following along with the form (Tick the same as under)

- | | |
|---|---|
| 1) Proof of date of birth <input type="checkbox"/> | 9) Proof of single parent (If applicable) <input type="checkbox"/> |
| 2) Parents Transfer order copy (If Applicable) <input type="checkbox"/> | 10) Proof of single girl child (If applicable) <input type="checkbox"/> |
| 3) Certificate of category (If Applicable) <input type="checkbox"/> | 11) Report Card of previous class (For admission in Class I onwards) <input type="checkbox"/> |
| 4) Proof of residential address (Passport/Aadhar card//Latest Electricity/MTNL Bill/Voter ID Card) <input type="checkbox"/> | 12) Transfer Certificate from previous school (For admission in Class I onwards) <input type="checkbox"/> |
| 5) Aadhar card of Mother <input type="checkbox"/> | 13) Immunization record of the child <input type="checkbox"/> |
| 6) Aadhar card of Father <input type="checkbox"/> | 14) Pan Card of Mother <input type="checkbox"/> |
| 7) Aadhar card of Child <input type="checkbox"/> | 15) Pan Card of Father <input type="checkbox"/> |
| 8) Medical fitness certificate of the child <input type="checkbox"/> | |

II Please note school uploads activity photographs & videos on its website and social media pages which may include your ward.

III How did you come to know about the school

- Newspaper Friends/Relative Social Media Siblings If any other Please Specify

IV Whether School Transport is required : Yes No



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FAMILY PROFILE

MOTHER/GUARDIAN

Please Affix a Recent Color Photograph of the Mother

Name :

DOB :

Qualification :

Aadhaar Card No. :

PAN No. :

FATHER/GUARDIAN

Please Affix a Recent Color Photograph of the Father

Name :

DOB :

Qualification :

Aadhaar Card No. :

PAN No. :

Mob No. : Telephone :

Email :

Nationality : Occupation :

Company Name : Designation :

Annual Income :

Office Address :

Permanent Address

House No. Floor

.....

Pin Code

Mob No. : Telephone :

Email :

Nationality : Occupation :

Company Name : Designation :

Annual Income :

Office Address :

Current Address (For communication, availing school transport/ID card etc)

House No. Floor

.....

Pin Code Distance from School

Nearest Landmark

Particular of Children/Siblings

S No.	Name of Child	Age	School Name	Class	Stream/Board
1.
2.
3.

Undertaking

I _____ father/mother confirm that the name of the child, mother's name and father's name filled are same as appearing on application form, Birth Certificate and also Transfer Certificate (if applicable). Further, Date of Birth as appearing in the records is same as on application form, Birth Certificate and also Transfer Certificate (if applicable).

..... Date :

Signature of Father Signature of Mother Signature of Guardian Place :

Incomplete form without mandatory documents will not be accepted.



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FOR OFFICE USE

Registration Documents Submitted

- | | | | |
|--|--|--|--|
| 1) Proof of date of birth | <input type="checkbox"/> Yes <input type="checkbox"/> No | 9) Proof of single parent (If applicable) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Parents Transfer order copy (If Applicable) | <input type="checkbox"/> Yes <input type="checkbox"/> No | 10) Proof of single girl child (If applicable) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3) Certificate of category (If Applicable) | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11) Transfer Certificate from previous school (For admission in Class I onwards) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4) Proof of residential address (Passport/Aadhar card//Latest Electricity/MTNL Bill/Voter ID Card) | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12) Transfer Certificate from previous school (For admission in Class I onwards) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5) Aadhar card of Mother | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13) Immunization record of the child | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6) Aadhar card of Father | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14) Pan Card of Mother | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7) Aadhar card of Child | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15) Pan Card of Father | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8) Medical fitness certificate of the child | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Registration Fees Paid : Yes No

All the documents verified by : Name : Signature : Date :

Interaction/Admission Test (if applicable) Satisfactory/Not Satisfactory Signature of academic Incharge

Additional Requirements if any :

- School Transport availed Yes No
- Mid Day Meal Yes No
- Special Attendant Yes No
- Admission Approval Yes Yes with Undertaking No

Full Fee deposited By Cheque By Draft No : _____ Dated : _____

Receipt No. _____ Signature of Accountant _____

Admission Details :

Admission Granted on _____ in Class _____ Section _____

Admission Number Allotted _____ Join Date w.e.f. _____

Principal



ACKNOWLEDGEMENT SLIP

Form No :

Name of child : _____

Class to which admission is sought _____

Date :

Registration Does Not Guarantee Admission

Admission Incharge

Please Affix a Recent Color Photograph of the Child