Form No. : .....

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 -11-45522883, 45677610, 9599964446 | E : info@disedge.ac.in | W : www.disedge.ac.in

www.facebook.com/DISEDGEDWARKA | www.instagram.com/dis.edge/

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CHILD PROFILE (As per attached id proof)

Please affix a recent color photograph of the child

Registration for admission to

Class : ..... Session : .....

First Name : .....

Middle Name : .....

Surname : .....

DOB : D D M M Y Y Y Y

Gender : ☐ Male ☐ Female

Nationality : ..... Religion : .....

Category : ☐ General ☐ SC ☐ ST ☐ OBC

Aadhar Card No. : ..... Blood Group: .....

Mother Tongue : .....

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

English Proficiency : ☐ Beginner

☐ Fluent / Proficiency

FAMILY PROFILE

Please Affix a Recent Color Photograph of the Mother

MOTHER PROFILE (As per attached id proof)

Name : .....

DOB : D D M M Y Y Y Y

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 .....

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

TRANSFER CERTIFICATE DETAIL

Transfer Certificate No. ..... Date of Issue ..... PEN No. .....

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

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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Please Affix a Recent Color Photograph of the Father

FATHER PROFILE (As per attached id proof)

Name : .....

DOB : D D M M Y Y Y Y

Qualification : .....

Aadhaar Card No. : .....

PAN No. : .....

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 .....

Please Affix a Recent Color Photograph of the Guardian

GUARDIAN PROFILE (As per attached id proof)

Name : .....

DOB : D D M M Y Y Y Y

Qualification : .....

Aadhaar Card No. : .....

PAN No. : .....

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 .....

Undertaking

I _____father/mother/guardian 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 or Birth as appearing in the records is same as on application, Birth Certificate and also Transfer Certificate (if applicable).

....

Signature of Father Signature of Mother Signature of Guardian

Date : D D M M Y Y Y Y

Place : .....

Incomplete form without mandatory documents will not be accepted.

Particular of Children/Siblings

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

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FOR OFFICE USE

Registration Documents Submitted

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

Please Affix a Recent Color Photograph of the Child

ACKNOWLEDGEMENT SLIP

Form No : .....

Name of child :

Class to which admission is sought

Date : D D M M Y Y Y Y

Registration Does Not Guarantee Admission

Admission Incharge