

Form No :



Delhi International School Edge

'Creating global heads with hearts'

**STUDENT
APPLICATION FORM**

Delhi International School Edge

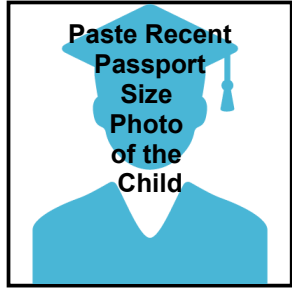
Sector 18, Dwarka, New Delhi 110 075 (India)

T : +91-11-28089999, 45677610, 45522883, 9599964446 E: info.disedge@dis.ac.in W : disedge.ac.in

www.facebook.com/DISEDGEDWARKA

Form No :

STUDENT PROFILE



Application Category Submitted on

Registration for admission to class Session 2021-2022

First Name Middle Name Surname

DOB Gender Male Female

Nationality Category Gen SC ST OBC

Aadhaar Card No Blood Group

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

Transfer Case If yes City/Country Staff / Alumni's Child

Last School Attended	Grade/Year	Academic Year	Board CBSE / ISCE / IB / Others	Location	Result(%)
.....

English Proficiency

Transfer Certificate Details:

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 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)

- | | | |
|---|--|--------------------------|
| <input type="checkbox"/> 1. Proof of date of birth. | <input type="checkbox"/> 9. Proof of single parent(if Applicable). | <input type="checkbox"/> |
| <input type="checkbox"/> 2. Proof of Single Girl Child (If Applicable). | <input type="checkbox"/> 10. Report Card of previous class (For admission in Class I onward). | <input type="checkbox"/> |
| <input type="checkbox"/> 3. Parents Transfer Order Copy (If Applicable) | <input type="checkbox"/> 11. Transfer Certificate from previous school(For admission in Class I onwards) | <input type="checkbox"/> |
| <input type="checkbox"/> 4. Proof of residential address(Passpod/Aadhar card/Latest Electricity Bill/Voter ID Card) | <input type="checkbox"/> 12. Certificate of caste category(If Willing). | <input type="checkbox"/> |
| <input type="checkbox"/> 5. Aadhaar card of Mother. | <input type="checkbox"/> 13. PAN card of Mother. | <input type="checkbox"/> |
| <input type="checkbox"/> 6. Aadhaar card of Father. | <input type="checkbox"/> 14. PAN card of Father. | <input type="checkbox"/> |
| <input type="checkbox"/> 7. Aadhaar card of Child. | <input type="checkbox"/> 15. Immunization Record of the child (Vaccination Card) | <input type="checkbox"/> |
| <input type="checkbox"/> 8. Medical Fitness Certificate of the Child | | |

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

III. Incomplete Registration Form will be rejected without any communication.

How did you come to know about the school.

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

FAMILY PROFILE



MOTHER / GUARDIAN

Name
 DOB
 Qualification
 Aadhaar Card No
 PAN No

Annual Income
 Mobile Telephone
 No
 Email
 Nationality Occupation
 Company Name Designation
 Office Address
 Permanent Address



FATHER / GUARDIAN

Name
 DOB
 Qualification
 Aadhaar Card No
 PAN No

Annual Income
 Mobile Telephone
 No
 Email
 Nationality Occupation
 Company Name Designation
 Office Address
 Current Address

Distance from School
 Nearest Landmark

Note . In case of any change in current address, relevant document(s) would be required to get the modifications done in school records

Particular of Children/Siblings

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

Declaration

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

..... Date:
Signature of Father **Signature of Mother** **Signature of Guardian**
 Place:

"Form will be rejected if mandatory documents are not attached with the form"



Delhi International School Edge

'Creating global heads with hearts'



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. Proof of Single Girl Child (If Applicable). | <input type="checkbox"/> Yes <input type="checkbox"/> No | 10. Report Card of previous class (For admission in Class I onward). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Parents Transfer Order Copy (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(Passpod/Aadhar card/Latest Electricity Bill/Voter ID Card) | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Certificate of category(If Applicable). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Aadhaar card of Mother. | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. PAN card of Mother. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Aadhaar card of Father. | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. PAN card of Father. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Aadhaar card of Child. | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Immunization Record of the child (Vaccination Card) | <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 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Documents Verification :

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 Bus Route 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

Name of child Form No

Class to which admission is sought

Date

Registration Does Not Guarantee Admission

Admission Incharge