



# ARUNODAYA PUBLIC SCHOOL

(Senior Secondary - C.B.S.E. Affiliated)

I-A, Karkardooma Institutional Area,  
Vikas Marg, Delhi-110092

FORM - I

REGISTRATION / ADMISSION FORM

PHOTOGRAPH OF FATHER	PHOTOGRAPH OF MOTHER	PHOTOGRAPH OF STUDENT
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(For Office Use only)

Registration for Class.....

No. APS/REG/.....

- Name of the Student (in block letters) \_\_\_\_\_
- Date of Birth :
 

Date	Month	Year
<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>

(in Words) \_\_\_\_\_
- Sex :
 

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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- SC/ST/OBC:
 

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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}

Tick the appropriate box  
Enclosed Proof
- Class for which admission is sought \_\_\_\_\_
- Father's Name (in Block Letters) \_\_\_\_\_  
 Official Address (if any) : \_\_\_\_\_  
 \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Off. Tel. No. \_\_\_\_\_ Designation \_\_\_\_\_  
 Mob. \_\_\_\_\_ E-mail Id \_\_\_\_\_  
 Residential Address : \_\_\_\_\_  
 Educational Qualification : \_\_\_\_\_
- Mother's Name (in Block Letters) \_\_\_\_\_  
 Official Address (if any) : \_\_\_\_\_  
 \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Off. Tel. No. \_\_\_\_\_ Designation \_\_\_\_\_  
 Mob. \_\_\_\_\_ E-mail Id : \_\_\_\_\_  
 Residential Address : \_\_\_\_\_  
 Educational Qualification : \_\_\_\_\_
- Is the School Transportation required ?
 

Yes	No	<input type="checkbox"/> 0-1	<input type="checkbox"/> 1-3	<input type="checkbox"/> 3-6
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9. Medical Information : Does the child have some special needs ?

If Yes, give details \_\_\_\_\_

Sibling (Real Brother / Sister only)

(Tick the appropriate)

**Yes**

**No**

If sibling in the sam school

Sibling Name \_\_\_\_\_

Give detail of sibling

Class & Section \_\_\_\_\_

School Alumni

(Tick the appropriate)

(A) Father

**Yes**

**No**

(B) Mother

**Yes**

**No**

Child who is physically challenged

**Yes**

**No**

a) Distance from the school (Tick the appropriate)

**0-3 Km**

**3-5Km**

**Above 5 Km**

10. Girl child Yes / No First Child Yes / No - Transfer Case

11. Single Parent \_\_\_\_\_

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

**Signature**

**Undertaking**

I \_\_\_\_\_ father / mother of \_\_\_\_\_ hereby declare that 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.

Enclose attested :

1. Photocopy of Student Birth Certificate

2. Address Proof

3. I.D. Proof with Photograph

4. Student Aadhar Card No. : \_\_\_\_\_ Attached Proof Signature

**Acknowledgment**

Received with thanks from \_\_\_\_\_ F/O, M/O \_\_\_\_\_

Form No. \_\_\_\_\_ Class \_\_\_\_\_ Date \_\_\_\_\_

Signature & Stamp