



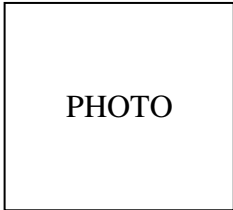
# KALKA PUBLIC SCHOOL

(A unit of Kalka Group of Institutions)  
BPTP Parklands, Block V, Sector 76, Faridabad (Haryana)  
Tel: 0129-6565659. Mobile: 9643443345. 9266663784  
Email: [admissions@kpsbptp.com](mailto:admissions@kpsbptp.com). Website: [www.kpsbptp.com](http://www.kpsbptp.com)

## REGISTRATION FORM

Form No.....

Sessions – 2019-20



ADMISSION TO CLASS: \_\_\_\_\_

### FILL IN BLOCK LETTERS

1. NAME OF THE CHILD \_\_\_\_\_
2. DATE OF BIRTH (IN FIGURES) \_\_\_\_\_  
IN WORDS: \_\_\_\_\_
3. AGE \_\_\_\_\_
4. NATIONALITY \_\_\_\_\_
5. NAME OF THE SCHOOL (LAST ATTENDED) \_\_\_\_\_
6. CLASS IN WHICH STUDYING \_\_\_\_\_
7. PRESENT RESIDENTIAL ADDRESS \_\_\_\_\_  
WITH PHONE NO. \_\_\_\_\_
8. FATHER'S NAME \_\_\_\_\_  
ACADEMI QUALIFICATON \_\_\_\_\_  
OCCUPATION (PLEASE GIVE DETAIL) \_\_\_\_\_  
DESIGNATION & OFFICE ADDRESS WITH \_\_\_\_\_  
CONTACT NO. \_\_\_\_\_  
BUSINESS /PROFESSIONAL/SELF EMPLOYED \_\_\_\_\_  
PROFESSIONAL: ADVOCATE/DOCTOR/ENGINEER \_\_\_\_\_  
CA/MANAGEMENT SERVICE OR ANY OTHER \_\_\_\_\_
9. MOTHER NAME \_\_\_\_\_  
ACADEMIC QUALIFICATION \_\_\_\_\_  
OCCUPATION/DESIGNATION \_\_\_\_\_  
OFFICE ADDRESS WITH CONTACT NO. \_\_\_\_\_

10. WHETHER BELONGS TO SC/ST/OBC (YES/NO) \_\_\_\_\_

IF YES PLZ ATTACH CERTIFICATE COPY.

11. YOUR EXPECTATIONS FOR YOUR CHILD FROM THE SCHOOL:

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12. ANY SPECIAL APTITUDE OR TALENT THAT YOU PERCEIVE IN YOUR CHILD:

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13. AREAS IN WHICH YOU COULD CONTRIBUTE TO ENRICH SCHOOL IN LIFE IN TERMS OF TIME, SKILL ETC. (PLEASE TICK)

CULTURE ( )                      MEDICAL ( )                      MEDIA ( )

SPORTS ( )                      ACADEMIC ( )                      PROFESSIONAL ( )

14. WHETHER SCHOOL TRANSPORT IS REQUIRED FOR THE CHILD? \_\_\_\_\_

15. NAME AND CLASS OF SIBLINGS, IF ANY.

NAME..... CLASS.....

### UNDERTAKING

1. I, Parent/Guardian of \_\_\_\_\_ take the undertaking that I will abide by the rules and regulations of the school as laid down in the school prospectus/almanac.
2. Mere issue of form or registration does not imply admissions but is subject to admission test/interview/interaction and also to the availability of seats.
3. In case of sudden sickness or any injury to my ward during school hours. I will not hold the school authorities responsible in any way. In case of further hospitalization needed besides first aid given in the school, taking to the hospital for treatment could be solely my responsibility.

**Address:**

**Signature of Parent/Guardian**