



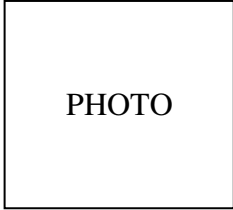
KALKA PUBLIC SCHOOL

(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. Website: www.kpsbptp.com

REGISTRATION FORM

Form No.....

Sessions – 2020-21



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:

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

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