

Admission No. _____

BLOOMING BUDS

PLAY SCHOOL OF

DAV SECTOR-7, ROHINI

CONTACT AT : 011-71445801 , 46054892, 8595003414

Candidate's
Photograph

Father's
Photograph

Mother's
Photograph

ADMISSION FORM FOR PLAY SCHOOL

Name of the Student : _____

Date of Birth :
Date Month Year

In Words : _____

Gender Male ☐ Female ☐

Aadhar No. _____

Residential Address : _____

Details of Parents :

Father's Name : _____ Aadhar No. _____

Tel. No. (Residence) : _____ Mobile No. _____

E-mail Address : _____

Educational Qualification : _____

Occupation : _____ Designation _____

A. Mother's Name : _____ Aadhar No. _____

Tel. No. (Residence) : _____ Mobile No. _____

E-mail Address : _____

Educational Qualification : _____

Occupation : _____ Designation : _____

In case of emergency person to contact :

Name _____

Ph no. _____

D. Medical Information

Does the child have some special needs? If yes give details.

F. Doctor's Name: _____ Contact No.: _____

E. Is the school transportation required? (Tick whichever is applicable)

Yes

☐

No

☐

Signature of Father

Signature of Mother

KINDLY TAKE A PRINTOUT OF THIS FORM AND SUBMITTED AT SCHOOL RECEPTION