

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

