

DELHI WORLD PUBLIC SCHOOL ZIRAKPUR

Under the aegis of Delhi World Foundation - New Delhi

Address: Old Ambala Road, Sanauli, Zirakpur, District SAS Nagar, Punjab – 140603 Email Id: mail@dwpszirakpur.ac.in Website: www.dwpszirakpur.com Ph. No. 01762–512900, 70876–18888

ADMISSION FORM

(To be filled in by the School	Office)							
Registration No.:			Affix latest passport size coloured photograph					
(Use capital letters only)								
PART A								
Particulars of the child								
a. Name in Full Master/Miss	First	Middle	Last					
b. Date of Birth	Day	Month	Year					
c. No. of Brothers/Sisters								
PART B								
a. Mother Tongue:								
b. Home Town:								
c. Nationality:								
d. Special Interest:								
e. Emergency contact person an	id phone no.:							

PART C

Sc	hool Particulars:			
a.	Previous School attended, (if any):			
b.	Recognized/ Not recognized:			
c.	Address of the School:			
d.	Original Transfer Certificate submi	tted/not submitted:		
e.	School Transport is required: Y	es	_ No	
PA	ART D			
Pa	articulars of Mother			Affix latest passport size coloured photograph
1.	Mother's Name:First			Last
2.	Educational Qualifications:			
	Profession:			
4.	Designation:			
5.	Annual Income:			
6.	Official Address with Telephone No.: _			
7.	Residential Address with Telephone No	o.:		
8.	Email Id:			
9.	Area in which you can contribute to the	enrichment of the School: (Plea	se put a 🗸 agains	t tour choice)
	Cultural	Academic	Sports	·
	Professional	Medical	Media	

PART E

Particulars of Father

Affix latest passport size coloured photograph

1.	Father's Name:			
	First	Middle		Last
2.	Educational Qualifications:			
3.	Profession:			
4.				
5.				
6.	Official Address with Telepho	ne No.:		
7.	Residential Address with Tele	phone No.:		
8.	Email Id:			
9.	Area in which you can contrib	ute to the enrichment of the Scho	ool: (Please put a 🗸	against tour choice)
	Cultural	Academic	Sports	
	Professional	Medical	Media	
PA	ART F			
DI	ECLARATION BY THE PA	ARENTS		
un	derstand and agree that misrepr	rmation given in the Admission resentation or omission of facts e read and hereby consent to the	will justify the denial	l of admission or the
Sig	gnature of Father:	Signatur	e of Mother:	
Da	nte:	Date:		
	INFORMATION ABOUT	STUDENT		
	INFORMATION ADOUT	STODENT		
	Admitted to Class and Section	:		
	Stream (If any):			
	House allotted:			
	Route No. allotted:			

Stop:					
Name of the Accountant/Cashier:					
Accountant/Cashier's Signature:					
Date:					
FOR APPROVAL					
Name of the Principal/Headmistress:					
Principal/ Headmistress's Signature:					
Date:					
FOR INFORMATION ONLY					
Name:					
Class Teacher :					
Class Teacher's Signature:					
Date :					