



DRONA PUBLIC SCHOOL

(Senior Secondary)

Affiliated to C.B.S.E. Affiliation No. : 530357

Ravi Nagar, Basai Road, Gurgaon-122001

Phone : 9312345675, 9811137408

Email : dronaschool@yahoo.com

Website : www.dronaschool.com

Paste-Pass-port
size photograph
of the Mother

Paste-Pass-port
size photograph
of the Father

Paste-Pass-port
size photograph
of the Child

ADMISSION FORM

Session 20..... 20.....

1. Registration No: _____ 2. Admission No: _____

3. Date Of Admission: _____ 4. Admission For Class: _____

Fill the form in CAPITAL LETTERS

5. Name of the Child: _____

6. Date of Birth: (in figures) DD MM YYYY Sex ☐ M ☐ F Blood Group

Date of Birth: (in words) _____

7. Nationality: _____ 8. Mother Tongue: _____ 9. Religion: _____

10. Previous School Attended _____

11. Residential Address (Present) _____

12. Contact No: _____ 13. Pin Code: _____

14. Address (Permanent): _____

15. Mother Details

Name _____
Age _____
Qualification _____
Occupation _____
Office Address _____
Mobile/Phone (0) _____
E-mail ID _____
Annual Income _____

16. Father Details

Name _____
Age _____
Qualification _____
Occupation _____
Office Address _____
Mobile/Phone (0) _____
E-mail ID _____
Annual Income _____

17. No of Siblings: _____ Age: _____ School: _____

Age: _____ School: _____

18. Would you like to Avail Transport? Yes ☐ No ☐

From _____ To _____

Transport fee will be charged for 11 months (except June) If once taken transport facility than cannot be withdrawn between the Session.

19. In case of emergency, legal guardian to be Contacted:

Name: _____

Address: _____

Contact No: (R) _____ (O) _____ (M) _____

20. Following Documents are required to be attached with the admission form at the time of submission

- Transfer Certificate of Previous School
- Attested Municipal Birth Certificate
- Proof of Residential Address
- Immunization Record Duly Signed by Practicing Doctor.

Declaration:

I hereby certify that the date of birth and spelling of the name of my child / ward given in this form are correct and I shall not make a request for any change.

I have made careful note of various details regarding the payment of school fees and not ask for any refund in case of transfer and cancellation of admission.

I have no objection to my child/ward participating in the various activities organized in and out of the school

I have carefully read all the rules and regulations and procedures laid and hereby agree to abide by these rules in all respect.

I Understand that the fees may increase as per the decision of the management.

I Certify that I am a bonafide parent/ guardian of the child and that information furnished in this form is true.

I hereby attest my signature to confirm the above declaration.

Date

Signature of Parents / Guardian

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For School Office Use

Fee received on _____ Receipt No. _____

Registration No. _____ Date _____

Fee Clerk/C.I.

Principal
Admission Allowed