



Doon Public School

A New Generation Sr. Sec. School | Affiliated to CBSE

Student's
Photograph

ADMISSION PROCESSING FORM

Form. No. _____

Class to which admission is sought _____ Session _____

Source of Awareness about our School:

Newspaper Advertisement ___ School Website ___ Friends ___ Others ___

Child's Name: _____

Date of Birth: _____ Class last Studied (attach photocopy of Progress Card): _____

Previous School's Name & address (if any): _____

Sibling Name (If studying in this school): _____ **Class** _____

Details

Father's

Mother's

Name:		
Qualification:		
Occupation:		
Phone No:		
E-mail ID:		
Office address:		

Residential address: _____

"I hereby request the Principal to reserve a seat in class for my son/daughter for the session beginning in April _____ and declare that will abide by rules laid down by the School Management and accept that they may be changed from time to time as per the directions of the School Management." I understand that the admission processing fee is not refundable. Admission processing carries no guarantee to admission.

Date of Application

Father's Signature

Mother's Signature

FOR OFFICIAL USE ONLY

Amount Paid _____ Date of Registration _____ Sign _____

REMARKS BASED ON INTERACTION: _____

Sign. _____ (Mentor/Adm. Incharge) Date _____

Remarks by the Principal: _____

Principal