

'Creating global heads with hearts'

STUDENT APPLICATION FORM

Delhi International School Edge



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CTUDENT DD	OFILE				Form No :			
STUDENT PRO				0 1 ""				
Paste Recent		Registration for admission to class			Submitted on Session			
Passport Size	Registration							
Photo	First Name	First Name Middle Na		Surname Gender O Male O Female				
of the	DOB			Category	v O Gen	SC OST O	OBC.	
Child	Nationality			Blood G		00 0 01 0 0		
	Aadhaar Car							
	Age as on 3 ²	st of the Admission		_				
Transfer Case		If yes City/Country		Staff .	/ Alumni's Child			
Last School Attended	Grade/Year			SCE /		Result(%		
English Proficiency								
Transfer Certificate	Details:							
Transfer Certificate	e No		Date of Is	sue:				
Medical Inform	ation							
Speech/Hearing im	pairment or any oth	ner medical issue.				☐ Yes ☐ No		
. •	•	n? If Yes, attach rele	evant documents.			☐ Yes ☐ No		
Has your child repeated a school year.						☐ Yes ☐ No		
Has your child been	-					☐ Yes ☐ No		
Has your child diag	-	-				☐ Yes ☐ No		
		dical conditions or al	lergies ?			☐ Yes ☐ No		
If you have answere	ed yes to any of the	above questions, pl	ease submit releva	ant docume	ents			
Instructions								
I. Please submit se	elf attested copies	of the following alo	ng with the form ((Tick the sa	ame as under)			
1. Proof of date of	birth.		9. Proof of	single pare	ent(if Applicable).		
2. Proof of Single Girl Child (If Applicable).				☐ 10. Report Card of previous class (For admission in ☐				
3. Parents Transfer	r Order Copy (If Ap	plicable)	☐ Class I onw	•		/-		
	` .	od/Aadhar card/Late	st 🗌 11. Fransfe admission i		e from previous	school(For		
Electricity Bill/Vote	,				e category(If W	illina).		
5. Aadhaar card of6. Aadhaar card of			13. PAN ca			9/-		
7. Aadhaar card of			14. PAN ca					
8. Medical Fitness		hild			ord of the child	(Vaccination		
o. Medical Filliess	Certificate of the C	miu	Card)			`		
II . Please note sch your ward.	ool uses activity p	hotographs & video	os on its website a	and social	media pages v	vhich may inclu	de	
III. Incomplete Reg	jistration Form will	be rejected withou	t any communica	tion.				
How did you come t	o know about the s	chool.						
☐ Newspaper		ends/Relative						
☐ Social Media		olings						
☐ Hoardings		other Please Specify	,					
- J	•	. ,						



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FAMILY PROFILE

Paste Recent Passport Size Photo of the Mother	DOB Qualification Aadhaar Card No		Paste Recent Passport Size Photo of the Father	FATHER Name DOB Qualificat Aadhaar (PAN No		
Annual Income			nnual Income			
No	Telephone		lo 'mail		Telephone	
	Ос				Occupation	
	De				Designation	
Office Address		=	Office Address			
Permanent Address	3	C	Current Address			
Particular of Children S No. Name of	-	School Nan	ne Cla	ass S	Stream / Board	
		Declarat	ion			
Ι,	Father / N	other confirm tl	nat the name of the	e child, mot	ther's name and father's name	
are same as appeai	ring on application form, Birth	certificate and	Transfer certificate	(if applical	ble). Further, Date of Birth as	
appearing in the rec	ords is same as on application	on form, Birth Co	ertificate and Trans	sfer Certific	ate (if applicable)	
Signature of	Father Signature	of Mother	Signature o	f Guardiar	Date: Place:	
Form will be reje	cted if mandatory docume	ents are not a				





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FOR OFFICE USE

Registration Documents Submitt	ed					
1. Proof of date of birth.	☐ Yes ☐ No	9. Proof of single parent(if	☐ Yes ☐ No			
2. Proof of Single Girl Child (If	☐ Yes ☐ No	Applicable).				
Applicable).	□ V □ N-	10. Report Card of previous class (For admission in Class I	☐ Yes ☐ No			
3. Parents Transfer Order Copy (If Applicable)	☐ Yes ☐ No	onward).				
4. Proof of residential address(Passpod/Aadhar card/Lates Electricity Bill/Voter ID Card)	☐ Yes ☐ No st	11. Transfer Certificate from previous school(For admission in Class I onwards)	☐ Yes ☐ No			
5. Aadhaar card of Mother.	☐ Yes ☐ No	12. Certificate of category(If				
6. Aadhaar card of Father.	☐ Yes ☐ No	Applicable).				
7. Aadhaar card of Child.	☐ Yes ☐ No	13. PAN card of Mother.	☐ Yes ☐ No			
8. Medical Fitness Certificate of the	☐ Yes ☐ No	14. PAN card of Father.15. Immunization Record of the	☐ Yes ☐ No			
Child Registration Fees Paid	☐ Yes ☐ No	child (Vaccination Card)	☐ Yes ☐ No			
Documents Verification :	_ 100 _ 110					
	Si	gnature Date				
Interaction/ Admission Test (if app	licable) Satisfacto	ry/Not satisfactory Signature of a	academic Incharge			
Additional Requirements If Any :						
School Transport availed	☐ Yes ☐ No	•••••				
Mid Day Meal	☐ Yes ☐ No					
Special Attendant	☐ Yes ☐ No	~				
Admission Approval	□ Yes □ Yes W	√ith Undertaking □ No				
Full Fee deposited By Cheq	ue 🗆 By Draft 🗀 📙	No: Dated	•			
Receipt No						
	5	Signature of accountant				
Admission Details:						
Admission Granted on	in Class	Section				
Admission number allotted	Join Date w.e.f					
			— Principal ———			
	ACKNOWI FD	GEMENT SLIP				
Name of child		ACKNOWLEDGEMENT SLIP Form No				
Class to which admission is sought						
Date						