



**SOUTH DELHI PUBLIC SCHOOL**  
(Previously known as Central Public School)  
C-Block, East of Kailash, New Delhi

**FORM - I**  
**REGISTRATION FORM**  
(2025-2026)

**PHOTOGRAPH  
OF CHILD**

<b><u>For Office Use Only</u></b>			
<b>Registration No:</b>		<b>Receipt No:</b>	
<b>Registration Date:</b>		<b>Receipt Date:</b>	

1. Class for which admission is sought: \_\_\_\_\_
2. Name of the Child (in block letters): \_\_\_\_\_
3. AADHAR Number of the Child: \_\_\_\_\_
4. Gender: 

Male	Female
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 (Tick whichever is applicable)
5. Date of Birth: Date 

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 Month 

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 Year 

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(in words) \_\_\_\_\_  
Age as on 31 Mar, 2019: \_\_\_\_\_
6. Nationality: \_\_\_\_\_
7. Religion: \_\_\_\_\_
8. Whether SC/ST/OBC: \_\_\_\_\_
9. Residential Address: \_\_\_\_\_  
\_\_\_\_\_
10. Details of Parents:
  - a. Father's Name (in block letters): \_\_\_\_\_  
Educational Qualifications: \_\_\_\_\_  
AADHAR Card No: \_\_\_\_\_  
Profession: \_\_\_\_\_ Designation (if applicable) : \_\_\_\_\_  
Office Address: \_\_\_\_\_  
Tel. No.: (R) \_\_\_\_\_ (O) \_\_\_\_\_ (M) \_\_\_\_\_

b. Mother's Name (in block letters) : \_\_\_\_\_

Educational Qualifications: \_\_\_\_\_

AADHAR Card No: \_\_\_\_\_

Profession: \_\_\_\_\_ Designation (if applicable) : \_\_\_\_\_

Office Address: \_\_\_\_\_

Tel. No.: (R) \_\_\_\_\_ (O) \_\_\_\_\_ (M) \_\_\_\_\_

c. Guardian's Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Tel. No. (M) \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_

11. Does the child suffer from any medical ailment?

Yes

No

If yes, give details \_\_\_\_\_

\_\_\_\_\_

12. Sibling ( real brother / sister studying in this school ) :

Yes

No

Name

Class & Sec

Admission No.

13. School Alumni

Father:

Yes

No

Mother:

Yes

No

Please register my son / daughter / ward named above in your school. I shall produce the requisite documents at the time of admission.

Signature of Parent / Guardian

### UNDERTAKING

I \_\_\_\_\_ father/mother of \_\_\_\_\_ do hereby declare that the information given above by me is based on facts and authentic records. Admission of my child may be cancelled, if any information is found to be false.

Date:

Signature of Parent / Guardian