

Late.Seetal Singh Jan Kalyan Samiti, Siwan

D.V.M. PUBLIC SCHOOL, SIWAN



Affiliated to C.B.S.E, New Delhi
Aff. No:- 330744

REGISTRATION FORM

STUDENT'S PARTICULARS

First Name Middle Last

Date of Birth Gender Religion Nationality

Age on 01/04/20 (In words) (In Figures)

Adhar Card No.(Mandatory)

Cast (Optional) Admission sought for Grade/Class

Previous School Medium

Student's Correspondence address: Mohalla/Village

City District State Country

PARTICULARS OF PARENTS

	Father	Mother
Name		
Educational Qualification		
Occupation/Profession		
Monthly Income		
Office Address		
Office Phone No.		
Personal Phone No.		
E.Mail		



DVM PUBLIC SCHOOL

Affiliated to C.B.S.E., New Delhi
Managed by: Late. Seetal Singh Jan Kalyan Samiti, Siwan
Pakwalia Dhala, By pass Road, Kandhwara, Siwan, 841226
Email:- dvmstswan@gmail.com
website:- www.dvmpublicschoolsiwan.com
Ph.-06154-240031, Mob.-9801984242



1. Name of Child
2. Registered for Admission To Grade/Class Session
3. Appear for Admission Test/Interview on at

Signature of School Official

Date

LIST OF OTHER CHILDREN (AGE 16 AND UNDER RESIDING IN YOUR HOME)

Name	Children No. 1	Children No. 2	Children No. 3	Children No. 4
Age				
Gender				
Relation				
Current School				
Grade / Glass				

OTHER INFORMATION

- a) If both husband and wife are working, who looks after the child in your absence?.....
- b) Who takes leaves when the child is unwell?.....
- c) Is your child an extrovert/introvert/ambivert?.....
- d) What types of toys and games does your child like to play with?.....
- e) Give your observation about your child's talents,skills, interest etc.....
- f) What values would you like to inculcate in your child?.....
- g) Would you like the schools focus on academics or on overall development of the child?.....
- h) Does your child have a disability / special need?.....
- i) If your child has recieved /is recieving special education services, please specify the area/s of need.

- | | | |
|---|---|---|
| <input type="checkbox"/> Gifted | <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Emotional Disturbance |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Austin | <input type="checkbox"/> Speech and Language Impairment |
| <input type="checkbox"/> Deaf-Blind | <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Development Delay |
| <input type="checkbox"/> Intellectual disability | <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Specific Disability |
| <input type="checkbox"/> Multiple Disability | | |

(Please list the areas of disability below)

DECLARATION TO BE SIGNED BY PARENTS / GUARDIAN

I do hereby affirm and agree, by applying my signature to the document,that this registration does not automatically admit my ward to the D.V.M PUBLIC SCHOOL,Academic transcripts, Interviews and testing records are taken into consideration. The Admission Committe of the school reserves the right to make a final decision

Signature of Parents/ Guardian
Signature of Parents/ Guardian
Date

RULES & REGULATIONS FOR ADMISSION TEST

- 1) Try to make your ward reach the school before the schedule time.
- 2) Provide Pencil,Eraser,Cutter,Pen etc.to your ward.Only Answer sheet & question paper will be provided to your ward by the school.
- 3) Send your ward in the School Uniform of previous school.
- 4) Upto class U.Kg. parents must acompany the child at the time of interview.

Kaaler
PRINCIPAL