

SCHOOL APPLICATION FOR REGISTRATION

			AP	PLICA	NT'S IN	FORMAT	ION			
First				M	Middle			Family		
Name				N	ame			Name		
Date of	Date		Month		Year		Place of Bi	rth		
Birth										
Present Schoo	ol Sci	hool Nan	ne, Addres	s & Teler	hone.					
1 resent sens		11001 1 1411	ic, riddres	o carreie)11011 c					
Other School	s Sc	hool Nan	ne, Addres	s & Telep	phone					
Attended										
(Since age 5)										
Particular ac	ademi	2								
strengths of	the boy	(Please								
specify subject	ts of in	terests:								
interest & act	ivity.)									
Other interes	sts of th	ne boy: e	g.							
Art, Music, Sp		-								
specify standa										
Any academ										
e.g. dyslexia										
0.8. 4.) 0.01114				FAMIL	Y INFO	RMATION	V			
Father		Name						ıcationa	a1	
Tune						Qualifications				
Profession										
Father's conta	act			Mobile				F	Email	
number & email id			Wiodiic							
Mother		Name					Educational			
							Qualificat	ions		
Profession										
Mother's cont	Mother's contact			Mobile			Email			
number & em	nail id									
Permanent Ac	ddress	1								
(Home)	acress									
(Frome)										
Tolophono (P	\ xxith			Phone					Fox	
Telephone (R) with Area Code			Phone		Fax					
Address for										
Corresponder	nce									
							T			
Telephone (R Area Code				Phone					Fax	

Siblings of appl	icant										
(including name											
school & age)	~,										
school & age)											
Name & Addre	ecec										
contact number	-										
email ids of 2	18 &										
Referees											
Referees											
			Rela	tions	ship to	o Pas	st or P	resent	Student		
1. Name									Relationship		
School No.		Hous	se				Yea	r of		Year of	
							Join	ing		Leaving	
2. Name					Relationsh			ationsh	nip		•
School No.		House				Year of			Year of		
							Join	ing		Leaving	
UNDERSTANDING											
I understand a	and agree	that th	ne regis	strati	on of	my s	son/w	ard do	oes not guarant	ee admission	to the
school and tha	it the regi	stratio	n fee is	nei	ther tr	ansf	erable	nor r	efundable.		
Signature											
Name											
Relationship to	Boy										
Date											
This application	n must be	accom	oanied b	oy a c	lemano	d dra	ıft in fa	avour	of "The Headmas	ster, The Doo	n School" for
			-	•					candidate, as iss		
-									r by the medical	•	0
_		-		_			_		idavits or school	-	
,				_					com/payments/s		-
		<u>, </u>							, t		1 7
				FO	R OF	FIC	E US	E ON	LY		
Application Red	ceived On									REMARKS	
Registration fee received by: demand											
draft, cheque or		-									
Receipt	1	,	Date								
Number			2 400								
						1					
Registration	DS										
Number											
Notes: for office use only:											

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