



# THE DOON SCHOOL

Mall Rd, Krishna Nagar, Dehradun, Uttarakhand 248003  
admissions@doonschool.com +91-135-2526406

## APPLICATION FOR REGISTRATION

### APPLICANT'S INFORMATION

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Class Applying For : \_\_\_\_\_

Present School: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Other Schools Attended: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Particular academic strengths of the boy: \_\_\_\_\_  
(Please specify subjects of interests & activity)

Other interests of the boy: \_\_\_\_\_  
eg Art, Music, Sport  
(Please specify standard & interest)

Any academics difficulties: \_\_\_\_\_  
eg.dyslexia

### FAMILY INFORMATION

#### Father's Detail

#### Mother's Detail

Father Name: \_\_\_\_\_ Mother Name: \_\_\_\_\_

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

Profession: \_\_\_\_\_ Profession: \_\_\_\_\_

Mobile: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Telephone (R) with Area Code Phone: \_\_\_\_\_ Emergency Contact no: \_\_\_\_\_

Communication Address: \_\_\_\_\_

Telephone (R) with Area Code Phone: \_\_\_\_\_ Emergency Contact no: \_\_\_\_\_



## Sibling Details

Name: \_\_\_\_\_

School: \_\_\_\_\_

Age: \_\_\_\_\_

## References

### 1 Reference

Name: \_\_\_\_\_

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

Contact: \_\_\_\_\_

Email Id: \_\_\_\_\_

### 2 Reference

Name: \_\_\_\_\_

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

Contact: \_\_\_\_\_

Email Id: \_\_\_\_\_

## Relationship to Past or Present Student

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

School No: \_\_\_\_\_ House: \_\_\_\_\_ Year of Joining: \_\_\_\_\_ Year of Leaving: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

School No: \_\_\_\_\_ House: \_\_\_\_\_ Year of Joining: \_\_\_\_\_ Year of Leaving: \_\_\_\_\_

## UNDERSTANDING

*I understand and agree that the registration of my son/ward does not guarantee admission to the school and the registration fee is neither transferable nor refundable.*

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Boy: \_\_\_\_\_

Date: \_\_\_\_\_

*This application must be accompanied with a registration fee paid either online [www.doonschool.com/admissions/apply-now](http://www.doonschool.com/admissions/apply-now) or by a demand draft in favour of "The Headmaster, The Doon School" for a sum as per schedule and a copy of the **Birth Certificate** of the candidate, as issued by the village or municipal authorities, or by the head of a registered nursing home, or by the medical practitioner who delivered the child (with his/her medical council registration number). No affidavits or school certificates are acceptable.*

## FOR OFFICE USE ONLY

Application Received On: \_\_\_\_\_

Remarks

Registration fee received by: \_\_\_\_\_  
demand draft, cheque or  
online payment

Receipt Number: \_\_\_\_\_ Date: \_\_\_\_\_

Registration Number: \_\_\_\_\_

**Notes: for office use only:**