



THE DOON SCHOOL

Mall Rd, Krishna Nagar, Dehradun, Uttarakhand 248001
admissions@doonschool.com +91-135-2526401

APPLICATION FOR REGISTRATION

Please note that the following information is being collected for the purpose of verification of eligibility for admission to The Doon School and all such information is kept confidential by The Doon School at all times, except as required under applicable laws.

APPLICANT'S INFORMATION

Student Name: _____

Date of Birth: _____ Place of Birth: _____

Age : _____

Class Applying For : Class 7 Class 8

Nationality : _____

Religion : _____

Aadhaar Number : _____

Passport Number : _____

Present School : _____

Address: _____

Telephone: _____

Other Schools Attended: _____

Address: _____

Telephone: _____

Class or Grade in which he is presently in: _____

For how many years has he been attending this school : _____

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

Other interests of the boy:
eg Art, Music, Sport
(Please specify intrests & any participation standards achieved)

Any academics difficulties:
eg.dyslexia

FAMILY INFORMATION

Father's/Guardian's Details

Mother's/Guardian's Details

Father Name : _____ Mother Name: _____

Age : _____ Age : _____

Qualifications: _____ Qualifications: _____

Profession / Occupation : _____ Profession / Occupation : _____
(mention designation with company (mention designation with company
/organisation / business name) /organisation / business name)

FAMILY INFORMATION

Father's/Guardian's Details

Office / Work Address : _____
(with Phone Number & Email Id) _____

Contact Number: _____
(Country Code-Mobile No. _____
Or Country Code-STD Code-Landline No.)

Permanent Address: _____
(with postal code) _____

Communication Address : _____
(with postal code) _____

Preferred email address : _____
(for future correspondence)

Mother's/Guardian's Details

Office / Work Address : _____
(with Phone Number & Email Id) _____

Contact Number: _____
(Country Code-Mobile No. _____
Or Country Code-STD Code-Landline No.)

Sibling Details

Name: _____

School/ College: _____

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: _____

ACCEPTANCE AND DECLARATION

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

I understand that if my son/ward requires scholarship then he shall have to clear the Doon School Scholarship Exam to be eligible for receiving scholarship/financial aid. Please note that taking/clearing the Scholarship Exam alone does not guarantee a scholarship as grant of scholarships is also subject to other scholarship criteria of The Doon School.

The terms and conditions mentioned in this form are understood and accepted by

Name : _____

Relationship To Boy : _____

Date : _____

Signature : _____

This application must be accompanied with a registration fee paid either online 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: