



DELHI PUBLIC SCHOOL

Kadirabad, Darbhanga

(Run & Managed by DPS Education Society
(Affiliated to CBSE, New Delhi, Affiliation No.-330508))

REGISTRATION/ADMISSION FORM

Day School

Boarder

Please affix a recent
colour photograph
of the child

Registration No. _____

Date _____

Admission No. _____

ISSUE OF REGISTRATION FROM DOES NOT GUARANTEE ADMISSION AS SEATS ARE LIMITED

TO BE FILLED IN BLOCK LETTERS

Please register the name of my son/daughter/ward for the admission in your school

1. Admission sought to : Class _____

2. Child's Name in Full (Surname First) _____

3. Date of Birth (In Words and in Figures)

Year _____ Months _____ Days _____

4. Nationality _____ Religion _____ Sex _____

5. Father's Name _____

Occupation _____ Designation _____ Annual Income _____

Organisation's Name & Address _____

Academic Qualification _____

Phone (Office) _____ Residence _____ Mobile No. _____

6. Mother's Name _____

Occupation _____ Designation _____ Annual Income _____

Organisation's Name & Address _____

Academic Qualification _____

Phone (Office) _____ Residence _____ Mobile No. _____

7. Guardian's Name _____

Organisation's Name & Address _____

Academic Qualification _____

Phone (Office) _____ Residence _____ Mobile No. _____

8. (a) Home Town _____ State _____ Country _____
 Nearest Railway Station/Airport _____

(b) Address : (Permanent) _____

(Present) _____

9. Details of any real brother or sister studying in DPS

Name of the Child	Admn. No.	Class/Sec.	Remarks
1.
2.

Any other Information

Staff Child (Mention the name of the parent (s) working in DPS)

If regarding the Parents there is dispute, mention year of passing and Branch of DPS

Signature of Father

Signature of Mother

- At the time of admission, an attested copy of Municipal Birth Certificate or a Certificate from the School last attended (applicable) to be submitted.
- Eight Passport size photographs of the student & two photos each of Father, Mother &/or Guardian will have to be submitted for school records.
- Other than Class Nursery, no admission is complete until & unless Transfer Certificate in original from the last School is submitted.
 - Name of previous school.....
 - Class in which he/she was studying in the last school.....
 - Position obtained in the last examination in the previous school.....
 out of..... in the year.....
 - Medium of instruction in previous school (English/Hindi).....
 - Proficiency in Games/Co-Curricular / Outstanding Achievements (if any).....
 - Certificates may be enclosed for proficiency in Games/Co-curricular/Outstanding Achievement (if any)
 - Details of marks obtained in the last Annual Exam (in %)

Subject	Marks

10. Declaration:

- i) I know that Registration fee is non-refundable & fully understand that registration is not binding for admission. Admission may be given only when suitable vacancy exists and child's performance in the entrance test is satisfactory as per the School norms.
- ii) In case my child is admitted, the school may make arrangements for inoculation against Typhoid and Cholera & vaccination against Small Pox of my child by School Doctor.
- iii) I have made careful note of various details regarding the payment of school fee. I have made satisfactory arrangements for remittance of full fee in school account. It would be the sole discretion of the guardian. I fully understand that the fee will not be refunded.
- iv) I hereby certify that the date of birth & spelling of name of my child/ward given in this form are correct to the best of my knowledge and I shall not make any request to change it.
- v) I hereby certify that in case I do not claim the Caution Money paid by me for a period of two years, the said money can be forfeited by the School Management.
- vi) I understand that rendering false or misleading information or withholding correct information may disqualify the child for admission/education at this school.
- vii) I certify that I am the bonafide guardian to the child.
- viii) I have read carefully the rules, regulations and procedures laid down in the school prospectus and being desirous of having my child/ward educated in Delhi Public School, I hereby agree to abide by them in all respects. I understand that the decision of the management of the school shall be final and binding on me in this regard.
- ix) I hereby certify that my ward and myself will follow all the rules, regulations & procedures laid down by school from time to tome.
- x) I hereby put my signature to confirm the above declarations.

Date : _____

Father :

Palace : _____

Mother :

Address : _____

Guardian :

Signature of Father/Mother / Guardian :

Name in Full (Block Letters)

For Office use only

Recommendation of Member (s) of the Managing Committee/Sr. Principal _____

Admission Approved/Not Approved _____ Principal _____

Transfer Certificate Received Not Received

If received, TC No. _____ Date _____

School _____

Passport Size Photographs (Eight Copies of Student's) Received Not Received

Passport Size Photographs (Eight Copies of Student's) Received Not Received

Medical Officer's Report : Submitted Not Submitted

Other Documents, if any _____

Admission No. _____ Class _____ Section _____ House _____

Admission Clerk _____

Date _____

Admission Fees Rs _____ Tuition Fee Rs _____

Caution Money Rs _____ Amalgamated Fee Rs _____

Development Fund Rs _____ Computer Fee Rs _____

Total Amount Received Rs _____

Receipt No. _____ Date _____

Signature of A/c Clerk/Manager-Account _____

Class _____

Signature of Rep. Teacher/
Manager-Admission _____

Date _____

Signature of Sr. Principal/Authorised Signatory
Approved/Not Approved



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Transportation Form

Please affix a recent
colour photograph
of the child

[Use Capital Letters only]

Admission No. _____

We request that our son/daughter/ward (particulars are given below) be permitted to the school bus for his/her to & from journey between _____ and DPS w.e.f. _____, in the event of his/her admission to the school.

Information of the child

Last Name _____ First Name _____

Gender : Male Female Date of Birth D M Y

Age _____ Class _____ Section _____

Home Address _____

Phone (Residence) _____

Phone (Office) _____ Emergency/Mobile _____

Declaration:

- (1) We undertake to pay the bus fee according to the rules in force from time to time.
- (2) We understand that it would be our responsibility to drop and pick-up our child at/from the specified bus-stop.
- (3) We accept that bus facility is extended to our ward at our own risk and responsibility.
- (4) We understand that our Ward will be allowed to travel in the bus only if seat is available on that route.
- (5) We have read and do hereby give our consent to the terms and conditions regarding transportation.

Signature of Father

Signature of Mother

Signature of Guardian

Date: _____



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MEDICAL FORM

Please affix a recent
colour photograph
of the child

[Use Capital Letters only]

Admission No. _____

Note : Please keep us well informed of changes in your residential address and also any other information concerning the health of your child relevant to his / her care during school hours.

INFORMATION OF THE CHILD

Last Name _____ First Name _____

Gender : Male Female **Date of Birth** D M Y

Age _____ Class _____ Section _____

Father's Last Name _____ First Name _____

Mother's Last Name _____ First Name _____

Home Address _____

Phone (Residence) _____

Phone (Office) _____ Emergency/Mobile _____

MEDICAL INFORMATION :

Blood Group : _____

Immunization Status (Attach Photocopy of Immunization Card)

BCG OPV DPT Booster for OPV Booster of DPT

Measles MMR Typhod Hepatitis B Any other

Allergies from medicine and food _____

Signature of Father

Signature of Mother

Signature of Guardian

Date: _____

Doctor's Name _____

Regn. No. _____

Tell. _____



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MEDICAL HISTORY OF THE CHILD (HOSTEL)

Father/Mother/Local Guardian of _____

Class _____ Sec. _____ Admission No. _____ do hereby confirm that my child/ward is suffering from:

1. Child/ward is suffering from : _____
2. Epilepsy _____
3. Bronchial Asthma / Bronchospasm _____
4. Skin Disease _____
5. Eye / ENT Problem _____
6. Any Surgery Undergone _____
7. Any other disease for which the child is on regular medication, or has been on medication for more than one month _____

8. None of the above _____

Date: _____

Signature of Parent / Guardian

(Parents to note that concealing medical history of their ward may result in his/her expulsion from hostel)

MEDICAL CERTIFICATE

Certified that Master Miss _____ has been

Immunized against:

1. TB on _____ Injection / Oral Dose
2. Injection against Hepatitis B
i) 1st dose on _____ ii) 2nd dose on _____ iii) 3rd dose on _____

This is to certify that the above vaccines have been given under my personal supervision on dates mentioned against each vaccine.

Certified that I have examined Master/Miss _____ of Class _____

Sec. _____ and he/she is medically fit/unfit for admission in the Hostel.

Date _____

(Medical Officer's Name with Seal)

Place _____

Regn. No. _____

To be Submitted to
Delhi Public School

Tele. No. _____



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UNDERTAKING FROM LOCAL GUARDIAN

I, _____, _____ do undertake to act as

local guardian of Master / Miss _____

S/o, D/o, Shri _____

Studying in Class _____ Sec. _____ in Delhi Public School I hereby give an undertaking

that in case of any sickness, particularly any infectious disease or any emergency, it will be my responsibility to keep the ward with me for the period as directed by the School Authorities.

Signature of Local Guardian _____ Name in Block Letter _____
Complete Address _____

CERTIFICATE FROM PARENTS

This is to certify that :

1. i) My Son / Daughter _____ is not in possession of any valuables, jewelry etc. I also undertake that no cash will be given to the ward by me or by the local guardian.
 - ii) Master / Miss _____ is permitted to participate in..... co-curricular and other activities like excursion, music/dance etc. as and when required by the School Authorities.
 - iii) I agree to bear additional expenditure, if the need be, which may be debited to my wards individual account.
2. I here by indemnify the School against any damages for sickness / accident / death caused to my ward during his / her stay in Delhi Public School Hostel on account of any mishap that may have been caused inadvertently.

Signature _____ Name _____

Date _____ (in Block Letter)



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ADMIT CARD

SCHOOL COPY

Please affix a recent
colour photograph
of the child

Name _____

Parent's Name _____

Class _____ Roll No. _____

Date _____ Time _____

Student's Signature

Invigilator

Exam. Controller

Director / Principal



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