

DETAILS OF ANY SIBLINGS (real Brother or Sister) STUDYING IN DPS, VASANT KUNJ

	NAME OF CHILD	ADMN. NO.	CLASS/SEC.	REMARKS
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

ANY OTHER INFORMATION

- Staff Child (mention name of the parent working at DPS) _____
- If the parent is a dipsite (give year of passing) _____

SIGNATURE OF FATHER

SIGNATURE OF MOTHER

NAME OF CLASS REP.

SIGNATURE OF CLASS REP.

BUSINESS	:	Shop/Factory/Petrol Pump/Tourism/Software/Jewellery/Medical/Hotel/ Electronic/Communication/Cargo/Amusement Park/Air Conditioners/ Automobiles Cables/Textile/Publishing/Securities/Finance/Real Estate
GOVT. SERVICE	:	Central Govt./Delhi Govt./Defence Forces (mention the name of ministry and office address)
PROFESSIONAL	:	Advocate/ Architect/Administrator/Chartered Accountant/Consultant/ Doctor/Education/Engineer/Musician/Media
SERVICE (Multinational/Public Sector)	:	Mines/Bank/CA./Communication/Education/Insurance/Media/ Petroleum/Shipping/Software/Tourism/Police/Security.

DELHI PUBLIC SCHOOL, VASANT KUNJ
ENROLMENT FORM

Session 2019-20

Student's
Photograph

ADMISSION NO. _____

Full Name of the Student (In Capitals) _____

Date of Birth (In words & figures) _____

Nationality of the Child _____

Member of the Scheduled Caste / Scheduled Tribe / OBC / EWS _____

School conveyance required or not _____

Last School Attended _____

Father's Name (Block Letters) _____

Academic Qualification _____ Designation _____

Office Address _____

_____ E-mail _____ Office Tel. No. _____

Mother's Name (Block Letters) _____

Academic Qualification _____ Designation _____

Office Address _____

_____ E-mail _____ Office Tel. No. _____

Permanent Residential Address _____

Present Residential Address _____

_____ Res. Tel. No. _____

Hometown _____ State _____ Nearest Railway Stn. & Airport _____

I solemnly affirm that the above information is true to the best of my knowledge.

Date : _____

Signature of the Parent

Name & address _____

_____ **(OFFICE USE)** _____

Admit in class _____ Sec. _____ House _____

Class Rep. _____ Class Teacher _____

Admission Incharge

Principal

UNDERTAKING

I, the undersigned have made a careful note of various details regarding the payment of school fees and have made satisfactory arrangement for the remittance of the school fees within due dates without waiting for a reminder from the school. I will pay the school fees through Demand Draft / Crossed Cheque / Online in favour of Delhi Public School, Vasant Kunj by due dates as mentioned in the fee bill / statement of fee.

WITHDRAWAL POLICY :-

If any parent or guardian chooses to withdraw the child from the school within one month from the date of admission, then the school shall retain the Registration Charges, Admission Fee and the Tuition Fee for one month only and the balance shall be refunded. In case of withdrawal after one month, annual charges and tuition fee for one month will also be charged along with the above mentioned charges as per rules of the school.

I confirm the above mentioned undertaking and solemnly affirm that I will abide by all the school rules.

Date : _____

Signature of the Parent

Student's Name

Admission No.

Parent's Name

Address

(OFFICE USE ONLY)

1. Medical Officer's Report (DPS Vasant Kunj) _____

2. Transport Incharge _____ Bus Route No. _____

3. Has submitted the T.C./Birth Certificate in original _____

Principal

VACCINATION (To be certified by a Registered Medical Practitioner)

Immunization	Age Recommended	Due Date	Date
BCG	0-1 Month		
Hepatitis B	At Birth		
	1 Month		
	6 Months		
DPT	2 Months		
	3 Months		
	4 Months		
HIB	2 Months		
	3 Months		
	4 Months		
Oral Polio	At Birth		
	1 Month		
	2 Months		
	3 Months		
	4 Months		
Measles	9 Months		
MMR	16 Months		
DPT+OPV+HIB	18 Months		
Typhoid	2 Years		
Hepatitis A (2 Doses)	2 Years		
Chicken-Pox	After 1 Year		
DT-OPV	4½ Years		

BOOSTER DOSES

Typhoid (every 3 years)			
TT (every 5 years)			
Other Vaccines			

HEALTH HISTORY

Allergy to Any Food, Drugs, Bee-sting, Contact with Skin

Allergy	What happened	How severe	Medication taken at the time of Allergy

Does the child have any problem during physical activity _____

Signature of Father _____

Signature of Mother _____

Name _____ Date of Birth _____

Date of Physical Examination _____

- Height in cm
- Weight in Kg
- Pulse
- BP

V EYE

- Vision R
- L
- Squint
- Conjunctiva
- Cornea

V EAR

- External ear R
- L
- Middle ear R
- L

V ORAL CAVITY

- Gums
- Colour
- Teeth
- Carries
- Tonsils
- Lymph Nodes

V SKIN

.....

V NAILS

.....

- V Head/ Neck
- V Abdomen
- V Musculo - skeletal system
- (Knees, Flat Feet, Lordosis, Kyphosis)

V Systemic examination

.....

V Serious illness

.....

Summary of Current Health condition

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- Fit to participate in age specific physical activity
- Fit to participate in age specific physical activity with precaution
- Should not participate in competitive sport

Name of Doctor _____

Signature of Doctor

**DELHI PUBLIC SCHOOL
VASANT KUNJ, NEW DELHI**

**CHECKLIST
Academic Session- 2019-2020**

Date: _____

Name of the Child : _____

Father's Name : _____

Mother's Name : _____

Registration No. : _____

Residential Address: _____

List of Documents Submitted :

- | | |
|---|--------------|
| 1. Demand Draft for Rs. 60,000/- in favour of Delhi Public School, Vasant Kunj, New Delhi. | Y / N |
| 2. Original Birth Certificate / Transfer Certificate. | Y / N |
| 3. One recent Passport Size Photograph each of both the parents. | Y / N |
| 4. Three recent passport size photographs of the child. | Y / N |
| 5. Immunization Record of the child on the given format from a registered medical Practitioner. | Y / N |
| 6. Residential Address : Any one proof of residential address i.e. Electoral Identity Card / Aadhar Card / Valid Passport / Latest Paid Electricity Bill / Water Bill / Registered Lease Deed in case of rental accommodation. | Y / N |
| 7. Sibling: Identity Card / Latest Fee Bill of the sibling issued by the school office for 2017-18. | Y / N |
| 8. Alumni : School Leaving Certificate / Sr. Secondary / Secondary Board Certificate stating the name of the school. | Y / N |
| 9. Single Parent : Valid legal proof of his / her single status | Y / N |

Verified by : _____

Sr. Mistress

Vice Principal

Principal