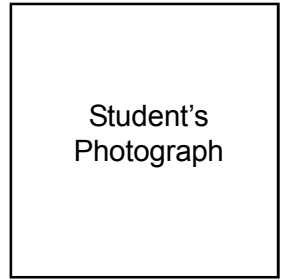




**DELHI PUBLIC SCHOOL
VASANT KUNJ
NEW DELHI-110070
PHONE NO. 43261200
email: principal@dpsvasantkunj.com**



Whether Availing Bus Facility

Yes

No

ADMISSION NO.	YEAR OF JOINING	BUS ROUTE NO.	BUS STAND NAME	PVT.

NAME (in block letters) _____ CLASS _____ SEC. _____

DATE OF BIRTH _____
(In figures) (In words)

NATIONALITY _____ Gender : M / F Category : Gen / SC / ST / OBC / EWS
(Tick whichever is applicable)

RESIDENTIAL ADDRESS _____

_____ PIN _____

TELEPHONE NUMBER (S) Landline _____

Father

NAME (in block letters) _____

* OCCUPATION (choose from list given) _____

DESIGNATION _____

NAME OF ORGANISATION _____

(with full address) _____

TELEPHONE NO. (S) _____

MOBILE _____ E-MAIL _____



Mother

NAME (in block letters) _____

* OCCUPATION (choose from list given) _____

DESIGNATION _____

NAME OF ORGANISATION _____

(with full address) _____

TELEPHONE NO. (S) _____

MOBILE _____ E-MAIL _____



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 / grandparent working at DPS) _____
- If the parent is a dipsite (give year of passing) _____

FOR OFFICE USE ONLY

SIGNATURE OF FATHER

SIGNATURE OF MOTHER

SIGNATURE OF CLASS TEACHER

SIGNATURE OF BUS INCHARGE

(NAME OF CLASS TEACHER)

NAME OF BUS INCHARGE

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

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

Name of the Student : _____ Admn. No. _____

Father's Name : _____ Regn. No. _____

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 in favour of Delhi Public School, Vasant Kunj by due dates as mentioned in the fee bill / statement of fee.

FOR GENERAL ADMISSION:-

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 notice fee for one month will also be charged along with these 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

Name _____

Address _____

OFFICE USE ONLY)

1. Medical Officer's Report _____

2. Transport Incharge _____ Bus Route No. _____

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

Principal



Delhi Public School Vasant Kunj

SCHOOL HEALTH RECORD

GENERAL INFORMATION

Name : _____	Father's Name : _____
Date of Birth : _____	Mother's Name : _____
Admission No. : _____	Guardian's Name : _____
	Address : _____

Blood Group : _____	Phone No. (Office) _____
	Phone No. (Res.) _____
	Mobile No. (Father) : _____
	Mobile No. (Mother) : _____
	e-mail id : _____

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 occlusion
- Caries
- Tonsils
- Lymph Nodes

V SKIN

.....

V NAILS

.....

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

V Systematic examination

.....

V Serious illness

.....

Summary of Current Health condition

.....

.....

.....

- 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

Date: _____

Name of the Child : _____

Father's Name : _____

Mother's Name : _____

Registration No. : _____

Residential Address: _____

List of Documents Submitted :

1. **Demand Draft for Rs. 65,000/-** in favour of Delhi Public School, Vasant Kunj, New Delhi. Y / N
2. **Original Transfer Certificate. {T.C duly countersigned by inspector of school in case of inter-state transfer or Original Migration Certificate} .** Y / N
3. Marksheet previous class. Y / N
4. One recent Passport Size **Photograph** each of both the parents. Y / N
5. Three recent passport size **photographs** of the child. Y / N
6. **Immunization Record** of the child on the given format from a registered medical Practitioner. Y / N
7. **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

Verified by : _____

Headmistress

Vice Principal

Principal