DELHI PUBLIC SCHOOL
VASANT KUNJ
NEW DELHI-110070

PHONE NO. 43261200
email: principal@dpsvasantkunj.com

Student's Photograph

STUDENT DATA FORM
Session 2023-24

ADMISSION NUMBER _____ (to be filled by office only)

NAME (in block letters) _____ CLASS_____ SEC._____

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

NATIONALITY _____ Gender : M / F Category : Gen / SC / ST / OBC / EWS / DG / BP

RELIGION _____ (Tick whichever is applicable and attach proof)

RESIDENTIAL ADDRESS _____

_____

_____ PIN _____

TELEPHONE NUMBER (S) Landline _____

Father

Father's Photograph

NAME (in block letters) _____
OCCUPATION _____
DESIGNATION _____
NAME OF ORGANISATION _____
(with full address) _____
TELEPHONE NO. (S) _____

MOBILE _____ E-MAIL _____

Mother

Mother's Photograph

NAME (in block letters) _____
OCCUPATION _____
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 working at DPS) _____

• If the parent is a dipsite (give year of passing) _____

• Whether the candidate is

i) Specially abled (Divyangjan) Yes ☐ No ☐

ii) Belonging to the EWS Yes ☐ No ☐
(attach valid proof wherever applicable)

Whether Availing Bus Facility Yes ☐ No ☐

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

_____ _____
SIGNATURE OF FATHER SIGNATURE OF MOTHER

_____ _____
NAME OF CLASS REP. SIGNATURE OF CLASS REP.

DELHI PUBLIC SCHOOL, VASANT KUNJ
ENROLMENT FORM

Session 2023-24

Student's Photograph

ADMISSION NO. _____

Full Name of the Student (In Capitals) _____

Date of Birth (In words & figures) _____

_____

Nationality of the Child _____ Gender _____

Category - General / SC / ST / OBC/ EWS / DG / BPL (Tick whichever is applicable)

School conveyance required or not _____

Last School Attended _____ Last Class Attended _____

Aadhar No. (Mandatory) (Attach Proof) _____

Father's Name (Block Letters) _____

Academic Qualification _____ Designation _____

Office Address _____

Mob. No. _____ E-mail _____ Office Tel. No. _____

Mother's Name (Block Letters) _____

Academic Qualification _____ Designation _____

Office Address _____

Mob. No. _____ 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. I shall abide by the rules of the school.

Date : _____

Place : _____ 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

In Case of Withdraw of the Child from the School

1. **Within One Month From the Date of Admission :-** Registration Fee, Admission Fee, Tuition Fee, Annual Charges and Development Fee for one month will be retained by the school and the balance shall be refunded.

2. **After One Month From the Date of Admission** :- Registration Fee, Admission Fee, Tuition Fee, Annual Charges and Development Fee till that respective month along with one month notice fee will be charged by the school.

DECLARATION

I hereby declare that the information including Name of the Candidate, Father's /Guardian's Name, Mother's name and Date of Birth furnished by me is correct to the best of my knowledge & belief. I shall abide by the rules of the School.

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 _____

Delhi Public School
Vasant Kunj

SCHOOL HEALTH RECORD

GENERAL INFORMATION

Name : _____	Father's Name : _____
Date of Birth : _____	Mother's Name : _____
	Guardian's Name : _____
Admission No. : _____	Address : _____
	_____
	_____
Blood Group : _____	Phone No. (Office) _____
	Phone No. (Res.) _____
Student's Photograph	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 CAVITIY

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

v SKIN .....

.....

v NAILS .....

.....

- Head/ Neck .....
- Abdomen .....
- Musculo - skeletal system .....

  (Knees, Flat Feet, Lordosis, Kyphosis)

- Systemic examination .....

  .....

- 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

CHECK LIST
Academic Session- 2023-2024

Date:_____

Name of the Child : _____

Father's Name : _____

Mother's Name : _____

Registration No. : _____

Residential Address: _____

List of Documents Submitted :

1. **Demand Draft for Rs. 70,000/-** 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** : Electoral Identity card / Aadhar Card / Valid Passport / Latest Paid Electricity Bill / Water Bill / MTNL Bill. **Y / N**

7. **Sibling:** Identity Card / Latest Fee Bill of the sibling issued by the school office for 2022-23. **Y / N**

8. **Alumni** : A copy of passing certificate of class X / XII issued by CBSE. **Y / N**

9. **Single Parent :** Valid legal proof of his / her single status (death certificate / divorce decree and undertaking of single status). **Y / N**

Verified by : _____

Headmistress **Principal** **Director**