

DELHI PUBLIC SCHOOL VASANT KUNJ

NEW DELHI-110070

PHONE NO. 43261200

email: principal@dpsvasantkunj.com

STUDENT DATA FORM Session 2024-25

Student's Photograph

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 applicat	ole and attach proof)	
RESIDENTIAL ADDRESS				
		PIN_		
TELEPHONE NUMBER (S) Lar	ndline			
	Fat	her		
NAME (in block letters)				
OCCUPATION			Father's	
DESIGNATION			Photograph	
NAME OF ORGANISATION				
(with full address)				
TELEPHONE NO. (S)				
	MOBILE	E-MAIL		
	Mot	ther		
NAME (in block letters)				
OCCUPATION			Mother's	
DESIGNATION			Photograph	
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 IN	IFORMATION				
• Staff Child (m	ention name of the pa	arent working at DPS	S) _		
-	s a dipsite (give year o	of passing)	_		
Whether the control	andidate is				
i) S	Specially abled (Divya	ngjan) Yes 🗆		No	
ii) E	Belonging to the EWS			No 🗀	P 11 \
		(attach	valid proof w	nerever ap	plicable)
Whether Availing	g Bus Facility Yes	No			
ADMISSION NO.	YEAR OF JOINING	BUS ROUTE NO	BUSS	TAND	PVT.
			•		
OLONIATUDE				ATUDE OF	MOTUED
SIGNATURE	E OF FATHER		SIGN	ATURE OF	MOTHER
NAME OF CL	ASS REP.		SIGN	ATURE OF	CLASS REP.

DELHI PUBLIC SCHOOL, VASANT KUNJ ENROLMENT FORM

Session 2024-25

Student's Photograph

.)		
(Gender	
WS/DG/BPL(Tick	whichever is applicable)	
Last	Class Attended	
oof)		
E-mail	Office Te	1. No
	Designation	
ate	Nearest Railway Stn. & A	Airport
nation is true to the b	est of my knowledge. I shal	ll abide by the rules of the
	Signa	ature of the Parent
Na	ame & address	
(OFFICE	USE)	
		Gender

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, Tuition Fee and Annual Charges for one month only and the balance shall be refunded. In case of withdrawal after one month, annual charges and Tuition fee till that respective month along with one month notice fee will also be charged along with above mentioned charges as per rules of the school.

In case of withdrawal from the Hostel NO AMOUNT SHALL BE REFUNDED.

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

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	
Stud	dent's Name		
Adr	mission No.		
Pare	ent's Name		
Ado	lress		
	(OFFICE	CUSE ONLY)	
Medical Officer's Repo		,	
2. Transport Incharge		Bus Route No.	
3. Has submitted the T.C./E	Birth Certificate in origin	nal	



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.)
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 **D**oses

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			Signatu	re of Mother			
		^					

	e			Date of Birth
Date	of Phy	ysical Examin	nation	
	_	Height in cn	n	
	_	Weight in K	g	
	_	Pulse		
	_	BP		
7	EYI	E		
	_	Vision R		
		L		
	_	Squint		
	_	Conjunctiva	ı	
	_	Cornea		
	77.47			
7	EAl			
	_	External ear	r R	
			L	
	_	Middle ear	R	
			L	
7	OR.	ALCAVITIY	<i>Y</i>	
	_	Gums		
	_	Colour		
	_	Teeth		
	_	Carries		
	_	Tonsils		
	_	Lymph Noc	les	
V	SKI	N		
		•••••	••••••	

v	Head/ Neck		
v	Abdomen		
v	Musculo - skeletal system		
	(Knees, Flat Feet, Lordosis, Kyphosis)	
v	Systemic examination		
v	Serious illness		
Sun	nmary 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 spo	ort	
•			
Na	me of Doctor		

Signature of Doctor

DELHI PUBLIC SCHOOL VASANT KUNJ, NEW DELHI

CHECK LIST Academic Session- 2024-2025

Date:_____

Na	me of the Child:	
Fat	ther's Name :	
Mo	other's Name :	
Re	gistration No. :	
Re	sidential Address:	
Lis 1.	st of Documents Submitted: Demand Draft for Rs. 75,000/- in favour of Delhi Public School, Vasant Kunj, New Delhi.	Y/N
2	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 two proofs of residential address i.e. Electoral Identity Card / Aadhar Valid Passport / Latest Paid Electricity Bill / Water Bill / Registered Lease Deed in case of rental a modation.	
7.	Sibling : Identity Card / Latest Fee Bill of the sibling issued by the school office for 2023-24.	Y/N
8.	Alumni: A copy of passing certificatge of class X / XII issued by the CBSE.	Y/N
9.	Single Parent : Valid legal proof of his / her single status (deth certificaqte / divorce decree and undertaking of single status)	Y/N
10.	Subject Option Form.	Y/N
Но	estel Admission	
1.	Demand Draft Rs. 4,19,000 /- in favour of Delhi Public School, Vasant Kunj (Hostel), payable at Delhi	Y/N
2.	Complete record of the two local guardian. (with photographs).	Y/N
3.	Complete record of vaccination and health certificate by the doctor.	Y/N
4.	Character certificate by the Principal of last school attended.	Y/N
Vei	rified by :	

Vice Principal Principal

SUBJECT OPTION FORM

Student's Name			-		
Admission Number	-				
Father's Name			-		
Mobile No.			-		
Subject (to b	(to be filled from following subjects options):				
	1.	English			
	2.				
	3.				
	4.				

5.

Science					Commerce	Humanities
S.n o	I (Medical)	II (Non- Med)	III (Non- Med)	IV (Non- Med)	V	VI
1	English	English	English	English	English	English
2	Chemistry/ Hindi	Chemistry/ Hindi	Chemistry/ Hindi	Chemistry/ Hindi	Business Studies/ Hindi	Geography / Legal Studies/ Hindi
3	Physics/ Marketing	Physics/ Marketing	Physics/ Marketing	Physics/ Marketing	Accountancy/ Marketing	Pol.Science / History/ Marketing
4	Biology/ Typography & Comp. Application	Economics/ Typography & Comp. Application	Comp. Science/ Typography & Comp. Application	Physical Education/ Typography & Comp. Application	Economics/ Typography & Comp. Application	Economics/ Fine Arts/ Typography& Comp. Application
5	Maths/ P.E/ Psychology/ Info. Practices/ Banking	Maths/ Banking	Maths/ Banking	Maths/ Banking	Maths/ Psychology/ Fashion Studies/ Info. Practices/ Banking	Maths/ Psychology/Fashion Studies/ Info. practices / Music/Banking