



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 applicable and attach proof)

RESIDENTIAL ADDRESS _____

_____ PIN _____

TELEPHONE NUMBER (S) Landline _____

Father

NAME (in block letters) _____

OCCUPATION _____

DESIGNATION _____

NAME OF ORGANISATION _____

(with full address) _____

TELEPHONE NO. (S) _____

MOBILE _____ E-MAIL _____

Father's
Photograph

Mother

NAME (in block letters) _____

OCCUPATION _____

DESIGNATION _____

NAME OF ORGANISATION _____

(with full address) _____

TELEPHONE NO. (S) _____

MOBILE _____ E-MAIL _____

Mother's
Photograph

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

Student's
Photograph

Session 2024-25

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 : _____
Admission No. : _____	Guardian's Name : _____
	Address : _____ _____
Blood Group : _____	Phone No. (Office) _____
	Phone No. (Res.) _____
	Mobile No. (Father) : _____
	Mobile No. (Mother) : _____
	e-mail id : _____
<div data-bbox="228 1079 737 1703" data-label="Image"></div>	

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

.....

.....

.....

- 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- 2024-2025**

Date: _____

Name of the Child : _____

Father's Name : _____

Mother's Name : _____

Registration No. : _____

Residential Address: _____

List of Documents Submitted :

1. **Demand Draft for Rs. 75,000/-** in favour of Delhi Public School, Vasant Kunj, New Delhi. **Y / N**
2. **Original Birth 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 2023-24. **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