



DPS CHHATARPUR

UNDER THE AEGIS OF DPS SOCIETY, NEW DELHI

Panna Khajuraho Highway, Near Village Brijpura Distt. Chhatarpur,
Madhya Pradesh-471105 Tel: 07682-298400, 8718962820, 7770887500

Please affix the recent passport size photograph of student



ADMISSION FORM 202__ - 202__

Admission No. _____ Receipt No. _____ Date of Adm. _____

Name of the Child (Applicant) _____ (Male/Female)
(IN BLOCK LETTERS)

Date of Birth (DD/MM/YYYY) .

(In Words) _____

Class to which Admission is sought _____ Age as on 31st March 2024 _____

Nationality _____ Mother Tongue _____ SSSIM ID _____

Bank Name & Account No. _____ IFSC Code _____

Religion _____ Please Tick (✓) SC/ST/OBC/Others (Please Specify) _____

Whether School Conveyance required: Please Tick (✓) Yes No Aadhar No. _____

Residence Address _____

Pin Code _____

PLEASE GIVE COMPLETE POSTAL ADDRESS IN BLOCK LETTERS

Telephone _____ Mobile _____ E-Mail _____

Family Information

Divorced Yes No Custody _____

If Child is adopted Yes No PUBLIC

FATHER

MOTHER

Name _____

Phone/Mobile/WhatsApp no. _____

Email _____

Emergency Contact no. _____

Relation to child _____

Qualification _____

Occupation _____

Name of Organisation _____



Sibling in DPS

Yes No sibling's Name _____

If yes give details
(Only of real brothers/sisters)

If no, then the name of the school presently studying _____

Previous school attended by the applicant: _____

Child with special needs Yes No Specify _____

Submitted Transfer Certificate: (Please ✓) Yes No

Please attach the following: a) Photocopy of the Birth Certificate issued by Municipal Corporation b) 6 Latest passport size color photographs c) Report card of the last school attended d) SSMID e) 3 passport size photographs of Father/Mother/Guardian

UNDERTAKING

The registration made does in no way entitle the candidate to be admitted to the school. Incomplete /Invalid forms will be rejected.

Educational Trips Policy: Educational Trips are an important component of learning outside the classroom. Children learn better when they are provided with a hand on experience. Field trips are carefully planned, reviewed and monitored by our staff to ensure the safety to the children. The school shall take the best possible care for individual children in our care during the field trips and shall ensure that it shall comply with all possible safety measures to prevent any accident or mishap.

I agree to abide by any decision that the management / counselor/ special educator takes in the best interest of the child.

I confirm that I have fully understood the policy pertaining to the field trips and am satisfied with DPS for taking all safety measures for avoiding any illness and/or accident and/or injury. I shall be sending my ward to the field trips voluntarily and at my own risk.

I have undersigned and agree not to hold DPS responsible for any possible illness, accident or injury during educational trips or on the school premises. I hereby verify that I have read or understood and accept the statement above.

I agree to comply with the regulations of the school towards the charging of interest on unpaid bills & the assessment of fees for late notice of a student's withdrawal or late arrival. I agree to pay amounts due to the school promptly upon presentation of a statement

Transport Policy

The school provides transport facilities but offers no guarantee that a seat in the school bus will be available when the buses are full to capacity/ do not ply in the area of your residence. It will be the responsibility of the parents/guardian to collect the child from the specified bus stop.

School Campus

Though our campus is well secured and child friendly with continuous monitoring by all members and staff, in case of accident or injury due to unavoidable circumstances school will not be held responsible.

Signature of Parents Father _____ Mother _____

DECLARATION

I/We hereby certify that the above information provided by me/us is correct and I/We understand that if information is found to be incorrect, the ward shall be automatically debarred from selection/admission process without any correspondence in this regard. I/We also understand that the application/registration /short listing do not guarantee admission to my ward. I/We accept the process of admission undertaken by the school and I/We abide by the decision taken by the school authorities.

Father's Name _____ Father's Signature _____

Mother's Name _____ Mother's Signature _____

Principal's Signature



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HEALTH INFORMATION FORM 202 - 202

Admission No. _____ Date _____

Child's Name _____ Child Admitted in _____ Gender **F** **M**

Address _____

_____ D.O.B. _____

In case of emergency: If Parents or Guardians are not immediately available contact:

Friend or Relative's Name _____ Contact No. _____

Family Physician's Name _____ Contact No. _____

In case of Emergency, the school may call the family physician or any other available physician to examine the child.
(Without such permission, the school assumes no responsibility for emergency medical attention)

Yes No

I agree not to hold DPS responsible for any possible illness, accident or any injury during classes or on the DPS premises.
I hereby verify that I have read fully, understood and accept the statement above.

Signature of the Parent/ Guardian _____ Date _____

MEDICAL RECORD

Name of Child's Doctor _____

Address _____

Serious accidents/illness/Operations _____

Any Difficulties regarding Yes No

Feeding

Ear Infections

Frequent cold/ cough

Hospitalisation _____

Handicap (eye, ears, feet etc.) _____

Allergies _____ Blood Group (attach report) _____

Communicable Diseases: Kindly fill up the vaccination details

BCG Date _____ DPT Date _____

Hepatitis B Date _____ Chicken Pox (Vermicelli) Date _____

MMR Date _____ Polio Date _____

Typhoid Date _____ COVID-19 Vaccine Date _____

Any medical condition/allergies e.g. asthma or any medications - _____

Signature of the Parent/ Guardian _____