



DLF Public School

The Learning Academy
(Managed by - Darbari Lal Foundation)

SESSION _____

ADMISSION FORM

Please affix a recent colour Photograph of the child

Please affix a recent colour Photograph of the Mother/Guardian

Please affix a recent colour Photograph of the Father/Guardian

We, _____ and _____

desire to have our son/daughter whose particulars are given below admitted as a Day Scholar in your School

INFORMATION ABOUT THE CHILD [Write in Capital Letters]

FIRST NAME	<input type="text"/>	MIDDLE NAME	<input type="text"/>	LAST NAME	<input type="text"/>
DATE OF BIRTH	<input type="text"/>	DATE OF BIRTH IN WORDS	<input type="text"/>		
AGE AS ON 31ST MARCH 20__	YEARS <input type="text"/>	MONTHS <input type="text"/>	DAYS <input type="text"/>	GENDER (M/F/O)	<input type="text"/>
AADHAR CARD NO.	<input type="text"/>	NATIONALITY	<input type="text"/>	MOTHER TONGUE	<input type="text"/>
CLASS FOR WHICH ADMISSION IS SOUGHT	<input type="text"/>	RELIGION	<input type="text"/>	BLOOD GROUP	<input type="text"/>
EMERGENCY CONTACT NO.	<input type="text"/>	WHETHER THE CHILD BELONGS TO SC/ST/OBC	<input type="text"/>	PROOF ATTACHED (YES/NO)	<input type="text"/>

ACADEMIC BACKGROUND

LAST SCHOOL ATTENDED	<input type="text"/>		
ANY OUTSTANDING ACHIEVEMENT	<input type="text"/>		
WHETHER SCHOOL TRANSFER CERTIFICATE ATTACHED (YES/NO)	<input type="text"/>		
TRANSFER CERTIFICATE NO.	<input type="text"/>	TRANSFER CERTIFICATE ISSUED ON	<input type="text"/>

RESIDENTIAL ADDRESS

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
TEL.	MOB.
E-MAIL	
WHETHER ADDRESS PROOF ATTACHED	YES <input type="checkbox"/> NO <input type="checkbox"/>

FAMILY DETAILS

FATHER

NAME	AADHAR CARD NO.	
AGE	NATIONALITY	
EDUCATIONAL QUALIFICATION	OCCUPATION	
ORGANIZATION WORKING FOR		
DESIGNATION	ANNUAL INCOME	
OFFICE ADDRESS		
TEL.	MOBILE	E-MAIL

MOTHER

NAME	AADHAR CARD NO.	
AGE	NATIONALITY	
EDUCATIONAL QUALIFICATION	OCCUPATION	
ORGANIZATION WORKING FOR		
DESIGNATION	ANNUAL INCOME	
OFFICE ADDRESS		
TEL.	MOBILE	E-MAIL

LOCAL GUARDIAN *(In case student not living with Parents)*

NAME	AADHAR CARD NO.	
AGE	NATIONALITY	
EDUCATIONAL QUALIFICATION	OCCUPATION	
ORGANIZATION WORKING FOR		
DESIGNATION	ANNUAL INCOME	
OFFICE ADDRESS		
TEL.	MOBILE	E-MAIL

IF THE PARENTS ARE DIVORCED, LIVING SEPARATELY OR SINGLE, WITH WHOM IS THE CHILD LIVING

WHETHER PREVIOUS SCHOOL WAS CBSE (YES/NO)

IF PREVIOUS SCHOOL IS NOT AFFILIATED TO CBSE SPECIFY THE NAME OF BOARD

RESULT OF THE PREVIOUS EXAMINATION

PERCENTAGE

SUBJECT PROPOSED TO OFFER

1. _____ 2. _____ 3. _____ 4. _____
5. _____ 6. _____ 7. _____ 8. _____

SIBLING DETAILS

NAME	AGE	CLASS/SEC	SCHOOL

PROOF OF AGE

We solemnly declare that the date of birth of the child given above is as per the Birth Certificate which is produced for verification. A copy (attested by the parent) is also enclosed.

UNDERTAKING

1. I bind myself to abide by the School Rules as amended from time to time.
2. I agree that, should I default in payment to the school for any reason, the amount outstanding against my ward can be deducted from the caution money held by the School.
3. I agree that if I wish to withdraw my ward irrespective of whether the child has or has not attended the school even for a day after child's admission to the School has been confirmed, no fees will be refunded except for the caution money.
4. I agree that the admission of my ward will stand cancelled if I don't submit the school leaving certificate of previous School.
5. I agree that three (03) months notice is required for applying Transfer Certificate.
6. I understand the risk involved in sending our child to a day school/ day boarding/ boarding school/ hostel to study and hereby indemnify DLF Public School, Sector-II, Rajinder Nagar, Ghaziabad, its Management, Board of Governors, Chairman, Principal / Head of the School, Teaching or Non-teaching Staff, Coaches, Guides, Servants, other Employees and all such people who maybe looking after and taking care of our child from and against all proceedings and claims for any disability, bodily injury (self-inflicted or otherwise), due to any accident, infighting, health problems, running away from the campus, suicide and/or suicide attempt, death, infections and diseases caused by any insect-bites, animal bites, plant-bites or otherwise (in or outside the campus of the school) and from and against all damages, losses, costs, charges and expenses in respect thereof, in any manner due to any reason, whatsoever, that my son/daughter may suffer as a hostler, boarder, day-boarder or dayscholar.

I hereby certify that the information given in the Admission Form is complete and accurate. I understand and agree that misrepresentation or omission of facts will justify the denial of admission, the cancellation of admission, or expulsion.

Signature of Father/Guardian

Signature of Mother/Guardian

Date

Mandatory documents required for submission of Admission

- | | |
|---|--|
| Encl : 1. 6 (Six) Colour photographs of the Child | 2. Transfer Certificate (In original from Class 1 onwards) |
| 3. Birth Certificate (Attested by Parent) | 4. Previous School Marksheet |
| 5. Blood Group Report | 6. Aadhaar Card of both Parents and Child |
| 7. Swimming Declaration Form | 8. 2 (Two) Colour photographs of both the Parents |
| 9. Student ID Form (for ID Card) | |

Admitted to Class _____ Section _____ Fee Receipt No. _____

Date _____ issued.

CHECKED BY (ACCOUNTS)

ADMISSION OFFICER

Name has been entered in the Class Attendance Register (✓) Yes No

Certified that all the entries have been made in the Scholar's Register and the dues have been received.

Admission No. of student in Admission Withdrawal Register is _____ Vol. _____

Date

Office Suptd.

Admission considered by the school is in accordance with the provisions of the Board & approved.

Date

Sign. of Principal/Official Seal



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Please affix a
recent colour
photograph of the
Child

SCHOOL HEALTH RECORD FORM

STUDENT ID _____ NAME _____ CLASS _____ SECTION _____

HOUSE _____ GENDER _____ BLOOD GROUP _____ ACADEMIC SESSION _____

FATHER'S NAME _____ CONTACT NO. _____

ADDRESS _____

VACCINATIONS

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		
HB	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 AGE 1 YEAR		
DT – OPA	4½ YEARS		

BOOSTER DOSES

TYPHOID (EVERY 3 YEARS)			
TT (EVERY 5 YEARS)			
OTHER VACCINES			

HEALTH HISTORY

ALLERGY TO ANY FOOD, ADHESIVE TAPE, BEE STING _____

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

TO BE CERTIFIED BY A REGISTERED MEDICAL PRACTITIONER

Date of physical examination _____ Height _____ Weight _____

B.P. _____ Pulse _____ Vision L _____ R _____

Squint _____ Conjunctiva _____ Cornea _____ Ear L _____ R _____

CLINICAL EXAMINATION	NORMAL	RECOMMENDATION
HEAD/NECK		
ABDOMEN		
SURGERY		
SERIOUS ILLNESS		
NAILS		
SKIN		

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

ORAL CAVITY	
GUMS	
COLOUR	
TEETH OCCLUSION	
CARIES	
TONSILS	
LYMPH NODES	
MUSCLE, SKELETAL SYSTEM KNEE/FLAT FEET/ LORDOSIS/ KYPHOSIS	
SYSTEMIC EXAMINATION	

NAME OF THE DOCTOR

SIGNATURE OF DOCTOR WITH STAMP



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Please affix a
recent colour
photograph of the
Child

TRANSPORT FORM

We request that our Son / Daughter whose particulars are given below may be permitted to use the school transport for his / her journey from home to school and back.

INFORMATION ABOUT THE CHILD: [WRITE IN CAPITAL LETTERS]

STUDENT ID DATE OF BIRTH CLASS SECTION

FIRST NAME MIDDLE NAME LAST NAME

RESIDENTIAL ADDRESS

<input type="text"/>
<input type="text"/>
<input type="text"/>

TEL.	MOB.	E-MAIL
------	------	--------

UNDERTAKING:

We will pay the transportation dues according to the rates in force. We understand that it would be our responsibility to drop and pick up our child at / from the specified bus-stop.

We, hereby indemnify DLF Public School, Sector-II, Rajinder Nagar, Ghaziabad, and all its employees for any injuries, fatal or otherwise, sustained by our above mentioned child while boarding, alighting or travelling from or in the school transport or any other mode of transport organized by the school or the organizers within or outside India or while taking part in Exchange Programmes/Educational/Adventure trips, studies, sports, or any other form of activity within or outside the school premises.

We hereby bind ourselves to abide by the school Transportation Rules as amended from time to time.

Signature of Father/Guardian Signature of Mother/Guardian

Date

FOR OFFICE USE ONLY

1. COACH NAME	:	Pickup	<input type="text"/>	Drop	<input type="text"/>
2. ROUTE NAME	:	Junior	<input type="text"/>	Senior	<input type="text"/>
3. STOP NAME	:	Pickup	<input type="text"/>	Drop	<input type="text"/>

TRANSPORT IN-CHARGE

DATE



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MY PARTNERSHIP AFFIRMATION FORM

Name of the Child _____

Name of the Child _____

Father's Name _____

Mother's Name _____

Occupation (Give details) _____

Occupation (Give details) _____

1. Help us to know in what ways would you like to give your personal inputs to enrich the school.

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| a) Special inputs in Assembly | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b) Preparing a Quiz team | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c) Debate team | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d) Inputs in the School Magazine | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| e) Guest Lectures | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| f) Workshops | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| g) Professionally render help in organizing special days in School. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| h) Volunteering help during book fairs, exhibitions, excursions and trips | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| i) Decorating the school during special days. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

2. Can you arrange a visit for school children to the following places ? Please give details

- a) Farm
- b) Factory
- c) Any other

3. Would you like to volunteer to accompany school children on outdoor visits ?

Yes No

4. Parent's Remarks and Suggestions (if any)

Date:/...../.....

.....Signature of Parents/Guardian



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CONSENT FORM

I hereby:

- ♦ agree to the **DLF Public School** photographing and / or recording my ward and give permission to the **DLF Public School** to use any material in the photographs and /or recordings where the copyright or any other rights are owned by me.
- ♦ confirm that we have visited the school campus, seen the facilities including boarding house, medical, transportation etc. and have understood the Admission Guidelines comprehensively. We have read and understood the School Rules and Regulations completely and have found them to be appropriate. The same have been explained in detail to our child seeking admission as well.
- ♦ agree and declare that we have permitted our child, as mentioned above, to take part in any camp/activity/tours and treks/ competitions/ swimming/horse riding/NCC/ mountaineering/rock climbing/hiking and other games/sports or any other activities which involve risk, organized by the school and undertake and agree to hold the school and its staff indemnified against all such claims that may arise out of any loss or injury to the property or person (including injury resulting in death) which my daughter / son/ ward may suffer as a result of participation in any such or any other school activity.
- ♦ understand that despite best precautions and all possible efforts, things may go wrong by the Will of God or some unfortunate incident or an inadvertent accident.
- ♦ understand and agree that no compensation will be paid by the school in respect of any such loss or injury and expenses, if any, incurred in the treatment of such injuries will be borne by us as parents/guardians of the child.
- ♦ confirm to have gone through and understood the school regulations/directives which have zero tolerance for Ragging, Bullying and Sexual Offences and have strictly banned such misdemeanors. We are aware that the school advocates and implements aggressive measures to prevent any such happening and that these are non-negotiable offences. We assure you that our son/daughter will not be involved or indulge in any improper act that may come under the definition of serious offenses as determined by the Head of School or the Management. We also fully understand that in case our son/daughter should be found involved in any such incident within or outside the premises of the school, strictest possible action shall be taken against him/her as determined by the Head of School or the Management, which may lead to not only an immediate exclusion/expulsion from the School but also lodging of an FIR with the Local Police.
- ♦ completely indemnify the School Management, employees and Head of School of **DLF Public School**, Sector-II, Rajinder Nagar, Ghaziabad, fully understanding that **DLF Public School** will in no way be liable for any action in any forum/court, criminal or otherwise and we absolve the school authorities and representatives of any proceedings against them in any forum, organization or any kind of court on any account, at the request by myself, my son/daughter, my dependents, next of kin or other legal representatives and fully understand that all actions taken by the school authorities will be done in good faith for the betterment and in the best interest of our child and we shall abide by the advice of the Head of School or the management, always and everytime.
- ♦ agree that the **DLF Public School** shall be entitled to share my wards photographs and / or recordings to external press and media agencies, publishers and broadcasters, and to partners and other third parties with which the **DLF Public School** works, anywhere in the world, for the purposes set out in this Consent Form.

By signing the Consent Form, I agree to above terms.

Date: ___ / ___ / _____

Signature : _____

Name : _____

Your Rights: You have the right to ask us to correct any incomplete and inaccurate information.



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Please fill in
BLOCK LETTER

STUDENT INFORMATION FORM FOR IDENTITY CARD

Photograph of
Student in full
dress

Photograph of
Father

Photograph of
Mother

Name of Student : _____

Admission No. : _____ Class : _____ Sec : _____ House : _____

Father's Name : _____ Mobile No. : _____

Mother's Name : _____ Mobile No. : _____

Date of Birth : _____ Blood Group : _____

Residential Address : _____

Mobile No. for SMS : _____ E-mail Id : _____

Bus Name (Route) : _____ Pickup Point : _____

Father's Signature

Mother's Signature

Verified by (Teacher's Name)

In case of any correction, kindly do with PEN and attach the necessary documents



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DECLARATION

I Certify that

- ◆ I have gone through the rules and regulation of DLF Swimming Pool, given in the school diary and agree to abide by those rules.
- ◆ I understand that the school personnel will take all possible care and precaution to safe guard my ward. However, in case of any injuries / accidents / unforeseen situations, I will not hold the Management, Principal and Teachers responsible.
- ◆ My ward will use life saving equipment and swimming dress as per the rules and advice of coach / life guard.

Parent's Signature

Admission No. _____ Name of student _____

Father's / Mother's Name _____ Class _____ Section _____

MEDICAL CERTIFICATE

I hereby certify that Master / Miss _____ is fit for Swimming and doesn't suffer from any disability or Skin disease.

Date

Signature of the Doctor with seal

REMARKS, IF ANY

Date

Signature of the Doctor with seal