

DELHI PUBLIC SCHOOL

— R. K. PURAM —

HOSTEL ADMISSION FORM

Student Information			
Admission Number <input style="width: 100%;" type="text"/>	Class <input style="width: 50%;" type="text"/>	Section <input style="width: 50%;" type="text"/>	Affix Passport sized recent photograph
Name <input style="width: 100%;" type="text"/>			
Admission Date <input style="width: 100%;" type="text"/> <small>(day) (month) (year)</small>	Birth Date <input style="width: 100%;" type="text"/> <small>(day) (month) (year)</small>		
Parental Information (Mother's)		Parental Information (Father's)	
Name _____	Affix Passport sized recent photograph	Name _____	Affix Passport sized recent photograph
Mobile No. <input style="width: 100%;" type="text"/>		Mobile No. <input style="width: 100%;" type="text"/>	
Occupation _____		Occupation _____	
Designation _____		Designation _____	
Email-Id _____		Email-Id _____	
Residential Address <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>			
Residential Phone 1 <input style="width: 100%;" type="text"/> <small>(STD) (Number)</small>	Residential Phone 2 <input style="width: 100%;" type="text"/> <small>(STD) (Number)</small>		
Specimen Signature _____		Specimen Signature _____	
First Local Guardian's Information		Second Local Guardian's Information	
Name _____	Affix Passport sized recent photograph	Name _____	Affix Passport sized recent photograph
Mobile No. <input style="width: 100%;" type="text"/>		Mobile No. <input style="width: 100%;" type="text"/>	
Occupation _____		Occupation _____	
Residence Phone <input style="width: 100%;" type="text"/>		Residence Phone <input style="width: 100%;" type="text"/>	
Residential Address _____ _____		Residential Address _____ _____	
Relationship with Student _____		Relationship with Student _____	
Specimen Signature _____		Specimen Signature _____	

Undertaking by Parents

1. I / We have read the Hostel Rules & Regulations laid down by the School and agree to abide by them.
2. I / We hereby authorize the persons as stated on Page 1 of this form to act as Local Guardians for my / our son / daughter. I / We also delegate my / our responsibility to him / her and authorize him / her to take necessary decisions and actions in my / our absence.
3. I / We certify that my / our residential address and the Local Guardians address and contact details as mentioned on page 1 of this form are correct. In case of any change, I / we will intimate the same to the school management within 3 days.
4. My / Our ward will not indulge in any act of RAGGING. If he / she is found indulging in any such act or misbehaviour, disciplinary action may be initiated against him / her as per the provisions of the Act NO. IPC 326 (Serious Injury), 323 (Injury) and IT Act 67 (Vulgar SMS) and he / she may be expelled from the school if found guilty. If my / our ward is involved in any act of ragging, an FIR may be lodged against him.
5. I / We have gone through the prospectus and read through the fee structure & payment schedule. We agree to abide by them and strictly adhere to the payment schedule given. I / we will deposit the fees in full before the beginning of each term. The school fees and penalty, which is due towards payment by me, will be paid within 30 days. If I / we default in making the payment, I / we are aware that, I / we will be asked to withdraw my / our ward. I / We will accept such a decision of the school authorities.
6. I / We have carefully read the "LEAVE RULES" of the institution for DPS R. K. Puram Hostels. I / We understand that no leave is granted to the students unless approved by the Principal / Vice Principal. The gate pass will be issued only to me / us or to the authorized local guardians to take my / our ward, out of the hostel during regular week end outings / leave for special occasions.
 - a. Leave for attending marriage:
 - I. I / We understand that the application for leave to attend marriage will be supported by a marriage invitation card.
 - II. I / We understand that in addition to the travel time, only two days leave will be permitted for the following cases:
 - i. Marriage of real brother & sister.
 - ii. Marriage of Parents real brother & sister
 - b. Leave on account of death in the family:
 - I. I / We understand that such leave is permissible to offer condolence only in the event of death of an immediate relation in the family.
7. I / We shall ensure that my / our ward will report back to the school on the assigned date as mentioned in the leave application. He / She will join back on the day the school reopens after vacations as per the dates specified in the school calendar. I / We understand that if my / our ward fails to join back on the assigned date, necessary disciplinary action may be taken against him / her as per the school rules & regulations.
8. I / We understand that my / our ward will be expelled from the school for any of the following act:
 - a. Using unfair means in any examination.
 - b. Consistent unsatisfactory progress.
 - c. Any act of Immorality as per social norms.
 - d. Grave insubordination
 - e. Stealing or extortion of money or any item from other students
 - f. Contempt of authority
 - g. Leaving the hostel or school premises without prior permission. (Breaking the boundary rules)
 - h. Damaging school property
 - i. Any word, statement or action likely to undermine the reputation of the institution.
 - j. Bullying, assaulting and any act of ragging
 - k. Smoking, drinking alcohol and use of other psychotropic drugs & substances.
9. I / We certify that all information related to the medical history of my / our ward is correct & complete. I / We understand that the school will do its best to provide routine medical aid, but will not be held responsible for any sickness / undisclosed disease. I / We understand that in case of communicable / infectious diseases, my / our ward will be sent back home. I / We / local guardian will pick him/ her up from the hostel.
10. I / We understand that in case of planned surgical procedures, we will duly inform the school authorities and formally apply for leave for my / our ward supported by all medical details & papers. I / We / Local Guardian will personally pick up our ward. My / Our ward will join back after complete recovery and a medical fitness certificate from the concerned medical practitioner.
11. I / We agree to accept the Medical Insurance Policy which the school will enter into agreement with the Insurance Company. In the event of an emergent requirement of surgery / treatment, I / we permit the school authorities to take appropriate action. I / We assure that the local guardian will immediately rush on information and duly sign all the required medical papers on my / our behalf. I / We agree to reimburse for all the medical expenses incurred by the school authorities during the course of treatment which are not covered under the Insurance policy.
12. If my / our ward leaves the school campus without permission, the school authorities may lodge an FIR with the local Police Station. I / We will have no right to question and raise objections to this action. The school will not be held responsible in the event of any accidental mishap or untoward incident in such circumstances.
13. I / We will try to attend the PTM as per the schedule given in the School Almanac. In case of my / our inability to do so, I / we will ensure that the Local Guardians attend the PTM on our behalf.

14. I / We shall ensure that my / our ward will not carry any eatables, electrical gadgets, mobile phones or any other costly items to the hostel & school. My / our ward will not keep more than Rs. 250 with him / her, however an account will be opened with State Bank of India in the school premises which my / our ward will access after due permission & signatures of the Hostel Warden.
15. I / We & my / our family shall visit my / our ward only on the specified days stated in the visiting schedule for the Parents / Local Guardian.
16. I / We will not visit the rooms of the students without proper permission from the Principal / Vice Principal / Warden.
17. I / We assure that I / We will extend full cooperation to the School authorities in the interest of my / our ward.

I / We have read the rules & regulations of the Delhi Public School, R. K. Puram (Hostel & School) and agree to abide by them. If, in spite of precautions taken by the school, any mishap, accident, injury or death takes place during the period of my / our ward's stay in the school & hostel or if and when he / she joins a tour, excursion, sports activities or camp, I / We will not hold the school or any member of its staff wholly or partly responsible for it.

(Father's Signature)

(Mother's Signature)

UNDERTAKING BY LOCAL GUARDIANS

1. I/We hereby agree to be the Local Guardian(s) for Master/Miss _____ son/daughter of _____ Mr./Mrs. _____ and agree to take his/her responsibility in the absence of the Parents.
2. I/We hereby undertake that I/We have read the Hostel Rules & Regulations of the School and agree to abide by them.
3. I/We confirm that my/our address and contact details are as mentioned in Page 1 of this form and in case they are changed I/We will intimate the same to the school management within 3 days.
4. I/We hereby undertake that in case of any sickness, particularly in case of any infectious/communicable disease or any emergency, it will be my/our responsibility to keep the ward with me/us during the directed period by the school authorities.
5. I/We have studied the leave rules of the institution. I/We assure that, I/we will follow the stipulated timings. I/We & my/our family shall visit my/our ward only on the days specified in the Visiting Schedule for the Parents/Local Guardian.
6. I / We will personally pick up & drop him/her back as per the scheduled time of return for weekend outings /leave etc. I / We assure that I / we will always adhere to all rules related to the issue & submission of GATE PASS.
7. I/We shall ensure that my ward will report punctually to the school on the school opening days specified in the School Calendar failing which, disciplinary action may be taken against him or her. I / We are aware that such action may even be withdrawal from school.
8. I/We shall ensure that my ward does not carry any eatables, electrical gadgets, mobile phones or any other costly items to the hostel & school. He / She will also not carry more than Rs 250/ cash with him / her at any given time.
9. I/We will not visit the rooms of the students without proper permission from the Principal/Vice Principal/Warden.

(First Local Guardian's Signature)

(Second Local Guardian's Signature)

Medical Emergency Information

First Name		Middle Name		Last name	
Date of Birth	Sex	Weight		Blood Group	

Address _____

 City _____ State _____ Pin Code _____

Primary Insurance Co.	Secondary Insurance Co.
Primary Insurance Numbers & Group	Secondary Insurance Numbers & Group

Past Medical History (Put a ✓ for the correct option)

Allergies	Cardiac	Surgery
<input type="radio"/> None <input type="radio"/> Unknown Medical Allergies: _____ _____ _____ _____ _____	<input type="radio"/> None <input type="radio"/> Unknown <input type="radio"/> Angina <input type="radio"/> Arrhythmia <input type="radio"/> Cardiomyopathy <input type="radio"/> CHF <input type="radio"/> Congenital <input type="radio"/> Implanted Defib <input type="radio"/> MI Other _____	<input type="radio"/> None <input type="radio"/> Unknown <input type="radio"/> Abdominal <input type="radio"/> Heart <input type="radio"/> Lung <input type="radio"/> Neurological Other _____ _____ _____

Chronic Illnesses (Put a ✓ for the correct option)

<input type="radio"/> None <input type="radio"/> Asthma <input type="radio"/> Bleeding Disorder <input type="radio"/> Cancer <input type="radio"/> COPD <input type="radio"/> CVA / TIA <input type="radio"/> Diabetic	<input type="radio"/> Dialysis/Renal <input type="radio"/> Gastrointestinal <input type="radio"/> Headaches <input type="radio"/> Hepatitis <input type="radio"/> HIV + <input type="radio"/> Hypertension <input type="radio"/> Paralysis	<input type="radio"/> Psychological <input type="radio"/> Seizures <input type="radio"/> Substance Abuse <input type="radio"/> TB <input type="radio"/> Unknown Other _____ _____
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Current Medications

Family Physician	Physician's Phone Number
Local Contact Name & Relationship	Local Contact Phone Numbers
Outstation Contact Name & Relationship	Outstation Contact Phone Numbers

Immunization Certificate

(To be certified by a Registered Immunization Centre or copy of vaccination card can also be attached)

Certified that Master/Miss _____, son/daughter of Mr./Mrs. _____, has been immunized against

1. Typhoid on date _____ (Injection/Oral)
2. Hepatitis B
 - (i) 1st Dose on date _____
 - (ii) 2nd Dose on date _____
 - (iii) 3rd Dose on date _____
3. Hepatitis A
 - (i) 1st Dose on date _____
 - (ii) 2nd Dose on date _____
4. Chicken Pox on date _____ (No vaccination required if already suffered)

Date: _____

Place: _____

(Signature of Immunologist)

(Name with Seal)

Medical Certificate

(To be certified by Medical Officer, Delhi Public School, R K Puram)

Certified that I have examined Master/Miss _____, son/daughter of Mr./Mrs. _____, class-section _____, and that he/she is medically fit/unfit for admission in the hostel.

Date: _____

(Signature of Medical Officer)

Delhi Public School, R K Puram

Character Certificate

(Applicable for all new admissions)

I, _____ hereby certify that _____ son/daughter of _____ Mr./Mrs. _____ was a bonafide student of this school since the last _____ years.

To the best of my knowledge he/she bears a good moral character.

Date : _____

Place : _____

Head Master/Principal
of school last attended
(With School Seal)