

Set of Forms



DELHI PUBLIC SCHOOL PANIPAT CITY

Affix
Photo
Here

Name

Class

Address

.....

Phone No.



DELHI PUBLIC SCHOOL PANIPAT CITY



APPLICATION FORMS

Do's & Don't's

Please read all the instructions carefully before filling up the Forms.

Please write in capital letters only.

Please do not detach any sheet/ any part of the pages of this set unless specified.

For Assistance Contact:

Admissions Incharge

DPS PANIPAT CITY

77 Milestone, G.T. Road, NH-1, Samalkha, Panipat-132101

Haryana, India.

URL: www.dpspanipatcity.in

E-mail: admissions@dpspanipatcity.in

Ph.: +91-180- 6650000-01, +91-9996540615

This Set of Forms is an effort to make the process of your application simpler and more convenient.

Admission Will Be On Merit Basis Only.

.....Form Submission Does Not Guarantee Admission.....



DELHI PUBLIC SCHOOL-PANIPAT CITY

REGISTRATION / ADMISSION FORM

Day Scholar Boarder

For Office Use Only

Registration No.: _____

Date: _____

Receipt No.: _____

For Office Use Only

Admission No.: _____

House: _____

Class: _____ Section: _____

Affix Passport size photograph of the child

ISSUE OF REGISTRATION FORM DOES NOT GUARANTEE ADMISSION AS SEATS ARE LIMITED.

TO BE FILLED IN BLOCK LETTERS

Please register the name of my ward for admission to Class: _____ in your school.

Curriculum: CBSE CIE

PARTICULARS OF STUDENT

Child's Name in Full _____

Date of Birth (In Figures)

D D

M M

Y Y Y Y

(In Words) _____

Age (as on 1st April 20) Years _____ Months _____ Days _____

Nationality of Child _____

Religion _____

Gender Male Female Only Child Yes No

Whether belong to SC ST OBC (For Class IX-X)

PARTICULARS OF PARENTS

Father

Mother

Name _____

Occupation _____

Designation _____

Annual Income _____

Organization Name & Add. _____

Academic Qualification _____

E-mail _____

Phone Numbers _____

(O) _____

(R) _____

(M) _____

PARTICULARS OF GUARDIAN

Name _____

Occupation _____

Designation _____

Annual Income _____

Organization Name & Address _____

Academic Qualification _____

E-mail _____

Phone Numbers (O) _____

(R) _____

(M) _____

ADDRESS

Home Town _____

State _____

Country _____

Nearest Railway Station/Airport _____

Address: (Permanent) _____

(Present) _____

Details of any real brother or sister studying in DPS Panipat City:

	Name of the child	Admn. No.	Class/Sec.	Remarks
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Any other information

Staff Child (Mention the name of the parent(s) working at DPS)

If the Parent is Despite mention year of passing and Branch of DPS

Details of the Previous School attended

Name of the School	Medium of Instruction	Aggregate marks (%)	Previous Class Passed/Studying

Sports/Co-curricular Achievements

- _____
- _____
- _____

Any special areas of development sought:

Careers considered

COMBINATION OF SUBJECTS

II Language (for Class IX / X) Hindi French Japanese German Sanskrit

III Language (for Class IV to VIII) Sanskrit French Japanese German

STREAMS AND SUBJECT OPTIONS IN CLASSES XI & XII

Students can choose any one of the following options subject to fulfillment of the criteria already laid down by the school.

IMPORTANT: CBSE option selection forms will be sent in Class XI itself. No change of stream or core subject is possible after July, after the registration forms are submitted to the CBSE. Any student who wishes to change his / her stream later will have to repeat Class XI.

Subject Combination for Class XI

SCIENCE STREAM

1. **Compulsory Subjects:** - English, Physics, Chemistry

2A **Compulsory Subject/s** (any one or both) 1. Mathematics 2. Biology

2B **Optional Subjects for those who have selected only one of the above choices in 2A**

- 1) Informatics Practice 2) Psychology 3) Music
4) P.Ed 5) Painting 6) Mathematics

COMMERCE STREAM

1. **Compulsory Subjects:** - English, Accountancy, Business Studies, Economics

2. **Optional Subjects** to Select any one option

- 1) Informatics Practice 2) Psychology 3) Music
4) P.Ed 5) Mathematics 6) Painting

HUMANITIES STREAM

1. **Compulsory Subject:** - English, Geography, Political Science

2. **Optional Subjects:-** Select any two options

1. Economics 2. Mathematics 3. Informatics Practice 4. Psychology
5. Sociology 6. Painting 7. P. Ed 8. Music

IGCSE (Classes IX & X)

1. **Science Stream:** English, Hindi, Mathematics, Physics, Chemistry, Biology, Global Perspectives, Economics
2. **Commerce Stream:** English, Hindi, Mathematics, Accounting, Business Studies, Economics, Global Perspectives, Combined Sciences

AS & A LEVEL (CLASSES XI & XII):

SCIENCE Med/ Non Med

- 1 English Lang.
- 2 Mathematics
- 3 Thinking Skills
- 4 Physics
- 5 Chemistry
- 6 Biology

COMMERCE

- 1 English Lang.
- 2 Mathematics
- 3 Thinking Skills
- 4 Accounting
- 5 Business Studies
- 6 Economics

However, a student is welcome to opt for any number of A Levels she / he wishes to take in addition of these offered subjects.

DECLARATION

- i) I know that Registration fee is non-refundable & I fully understand that registration is not binding for admission. It may be given only when suitable vacancy exists and child's performance in the test is satisfactory as per the school norms.
- ii) In case my child is admitted, the school may make arrangements for inoculations against Typhoid and Cholera, Hepatitis & vaccination against Small Pox to my child by school doctor.
- iii) I have made careful note of various details regarding the payment of school fee. I have made satisfactory arrangements for remittance of school fee within due dates without waiting for reminder from the school. **I will pay the school through Demand Draft in favour of the Delhi Public School Panipat City as per rules.** Withdrawal of students after remittance of full fee in school account would be the sole discretion of the guardian. I fully understand that the fee will not be refunded.
- iv) I hereby certify that the date of birth and spellings of name of my child/ward given in this Form are correct to the best of my knowledge and I shall not make any request for change.
- v) I hereby certify that in case I do not claim the Caution Money paid by me for a period of two years after my ward leaves the school, the amount may be treated as a donation to the school and my right over refund of this amount will stand relinquished by me.
- vi) I understand that rendering false or misleading information or withholding correct information may disqualify the child for admission/education at this school.
- vii) I certify that I am the bonafide guardian of the child.
- viii) Having read carefully the rules, regulations and procedures laid down in the school prospectus and being desirous of having my child/ward educated in Delhi Public School, Panipat City, I hereby agree to abide by them in all respects. I understand that the decision of the management of the school shall be final and binding on me.
- ix) I hereby certify that my ward and myself shall follow all the rules, regulations and procedures laid down by school from time to time.

I hereby put my signature to confirm the above declarations.

Date: _____

Place: _____

Address: _____

Signature of Father

Signature of Mother

Kindly Attach:

1. Birth Certificate from Municipal Committee/Last School attended.
2. School Leaving Certificate.
3. Original Marks Sheet/Report Card.
4. Six Passport Size Photographs each of Student, Father, Mother, Guardian and Escort.
5. Medical Form duly filled in and signed.
6. Transportation Form duly filled in.
7. Undertakings 1 to 4 by Parents (For Hostel Students Only). (refer to page no. 11-13)

For Office Use Only

Fee Details

Admission Fee	Caution Money	Development Fee	Annual Charges	Tuition/ Hostel Fee	Conveyance Charges	Amalgamated Fee	Total Amount Received	Cheque No. if paid through cheque	Receipt No.

Signature of A/c Clerk/Manager-Accounts

Recommended by _____

Admit Master/Miss _____ in Class _____ Section _____

Principal



DELHI PUBLIC SCHOOL-PANIPAT CITY

Medical Form

(USE BLOCK LETTERS ONLY)

(FOR OFFICE USE ONLY)

Student's Name: _____

(As per previous school records)

Gender: Male Female Age

Class to which admitted : Curriculum: CBSE CIE

Blood Group: Height Weight

Name of Parent _____

Address for Correspondence _____

PIN _____

Telephone Office _____ Fax _____

(With ISD Residence _____ Fax _____

& STD Code) Mobile _____ E-mail _____

Name of Local Guardian _____ Relationship _____

Address for Correspondence _____

PIN _____

Telephone Office _____ Fax _____

(With ISD Residence _____ Fax _____

& STD Code) Mobile _____ E-mail _____

Infectious Diseases (Please underline the child has had)	Measles - German Measles - Scarlet Fever - Chicken Pox - Mumps -your disease(s) Whooping Cough - Epidemic viral Hepatitis - Malaria- Typhoid Fever - Poliomyelitis - Tetanus - Diphtheria - Meningitis - Endocarditis Mononucleosis (Glandular fever) - Toxoplasmosis, TB, Pulmonary Diseases / Primary Complex etc. Recent exposure to any other, contagious / infectious disease (give details).	
Other Illness (Please underline)	Respiratory Digestive Heart & Circulation Blood Nervous	Frequent tonsillitis Otitis (Ear infection), Bronchitis Asthma Sinusitis Epistaxis Gastric - Digestive - Intestinal complaints Congenital or acquired heart diseases - Peripheral Circulatory troubles (Chillblain or others) Anemia - Prolonged bleeding - Capillary fragility or other trouble Epilepsy - Tetanus - Disorders of character - Migraine

Joints & Bones Endocrine Metabolism Skin (Epidermic) Allergies Urinary Genital (Concerns mostly girls) Teeth Glasses or Contact lenses	Rheumatic illness - Trauma requiring special attention Diabetes - Thyroid and Parathyroid problems or other Obesity - Failure to thrive - Other problems Eczema - Urtecaria - other contagious or non-contagious skin diseases - Fungal infection Drug - Foods - Odours - Chemical Products - Plants Dust (Pollen) - Hair - Feathers or others Kidney trouble - Bladder : Cystitis - Enuresis / Kidney Stones Eg. Incapacitating periods or other troubles Condition of Teeth - necessary care or supervision / Braces If spectacles are worn, please supply three sets.
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Date of the most recent illness: _____

Medical concerns of the parent: _____

Please state whether the child is fit and able to participate in sports and expeditions. If not, please give

1. Medical Certificate _____

2. Concise physical report _____

Supplementary remarks & information _____

(send analysis, X-rays, Medical Reports, etc.) _____

Clinical Evaluation - Health Certificate _____

Signature of Medical Practitioner _____

Physician with seal & Regn. No. _____

Place _____

Date _____

Supplementary Information _____

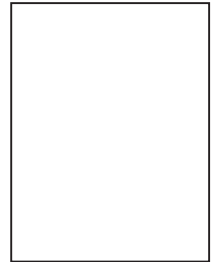


DELHI PUBLIC SCHOOL-PANIPAT CITY

Transportation Form

[Use Capital Letters only] Admission No. _____

We request that our son / daughter / ward whose particulars are given below may be permitted to use the school bus for his / her return journey between _____ and DPS Panipat City w.e.f. _____ in the event of his / her admission to the school.



INFORMATION OF THE CHILD

First Name Last Name

Gender : Male Female Date of Birth: D M Y

Age : Class : Section :

Home Address :

.....

..... Phone (Residence)

Phone (Office) Emergency / Mobile No.

Declaration:

- (1) We undertake to pay the bus fee according to the rules in force from time to time.
- (2) We understand that it would be our responsibility to drop and pick-up our child at / from the specified bus-stop.
- (3) We accept that the bus facility is extended to our ward at our own risk and responsibility.
- (4) We understand that our ward will be allowed to travel in the bus only if seat is available on the route.
- (5) We have read and do hereby consent to the terms and conditions regarding transportation.
- (6) They must maintain discipline and decorum inside the school bus. Any student found indulging in fights or heard using abusive language will be denied bus facility.
- (7) Students should refrain from defacing or destroying any property of the bus. If found guilty of the same, they will be held responsible for any damage to the bus caused by negligence or vandalism. The bus facility can also be withdrawn in such a case.

.....
Signature of Father

.....
Signature of Mother

Date:



DELHI PUBLIC SCHOOL-PANIPAT CITY

For Hostel Students only

Undertaking by Parents

Undertaking 1

(To be signed and returned with the Application Form by the Parent)

I understand that son/daughter is granted admission of Delhi Public School, Panipat City on the following terms and conditions:

Transfer/Leaving Certificate

- That I am required to deposit the Transfer/Leaving Certificate from the previous school within 15 days of his/her joining the School, failing which the Principal will have the right to cancel the admission.
- In case of non-submission of the Transfer/Leaving Certificate for whatsoever reason and my child is not allowed to appear for the Board Examination, I will not hold the School responsible for the same.

Fees

- That I am to deposit the fees in full on or before the date the child is to join the School.
- That there will be no refund to fees if the child is withdrawn from the school for whatsoever reason.
- That in case a child is withdrawn in the middle of an academic year, for whatsoever reason, I will pay the full fees for the entire academic year.

Leave

- That I have studied the leave rules of the Institution. I agree to the conditions that leave will not be sanctioned to the students for the following:
 - a) To attend religious or personal functions, such as Raksha Bandhan, Birthday celebration etc.
 - b) On the illness of relatives.
 - c) To attend marriage of relatives.
- Extra Ordinary Leave will be granted for two days only once in a year, apart from the journey time for the following:
 - a) To attend the marriage of blood brother/sister or that of parent's brother's or sister's children (Wedding card should be attached to the leave application).
 - b) To offer condolences upon the demise of immediate relations.
- I will provide transport from the School to the Airport/Railway Station and vice versa when my ward(s) avails such leave.
- Leave will not be sanctioned during the Examination period.
- I also understand that no leave will be granted to the student unless I apply for it directly to the Principal, at least 7 days in advance.
- Parents/Guardian can visit the school on Second Saturday of the month between 9.30 am - 11.30 am.

Discipline

- That if my ward leaves the school campus without permission, the school authorities may lodge an F.I.R. with the Local Police Station and I will have no right to question and raise objections to this action. The school will not be responsible for any mishap in such circumstances. My ward may be considered for re-admission only after satisfactory explanation in writing from me and my ward, for his leaving the campus and after paying a fine of Rs. 5000/- Re-admission of my ward will be at the discretion of the Principal

- That the student is liable for removal from the School for

a. Immorality	b. Grave insubordination
c. Stealing or extortion of money/items from other students	d. Contempt of authority
e. Bullying, assaulting and ragging in any form	f. Using unfair means in any examination
g. Using of any word or action likely to damage/undermine the reputation of the institution	h. Consistent unsatisfactory progress
i. Conduct harmful to other students	j. Breaking bounds
k. Damaging school property	l. Non-payment of school dues

- That no eatables will be sent to the student.
- That the student will not be given any cash. Any money required for the student will be sent to the School Office.
- That no valuables like gold chains, rings, transistors, personal stereo systems etc are to be given to the student and that the School does not take responsibility for the loss of any such valuables. No types of cellphones (Mobiles) are to be given to the students. Any cellphones (Mobile) given to/found with the student will be confiscated and a fine of Rs. 1,000/- will be imposed.
- Any disciplinary action taken against my child by the school will be binding on me and I will not represent against such action.

Medical Aid/Accidents

- That the School will do its best to provide normal medical aid, but the school will not be held responsible for any untoward incidents/mishaps/accidents despite its best efforts. This applies also to all accidents which may occur in the science- laboratories, workshops, sports fields, gymnastics, boxing, rock climbing, trekking, mountaineering, microlite flying, Para sailing, swimming, educational tours or journeys to and from the school.

Telephone

- Parents may call the Child/Children once in a week and e-mail at any time.

Dress Code

- That my child will follow the Dress Code of the School, which is as under:
- Tight and Transparent outfits are not allowed
- Dress sense should be based on comfort, appropriateness and tastefulness of choice, rather than trends of fashion and the desire to display.
- Girls are not allowed to wear sleeveless, spaghetti tops, transparent and tight T-Shirts.
- Clothes and T-Shirts with risque prints or symbols are also not allowed
- Children will only wear the uniforms/shoes approved by the School

General

- That during April, parents must avoid visiting the School in order to help the child/children to settle down in the new environment and make friends and cultivate feelings of the school being a 'home away from home'.
- That promotion to the next higher class is not automatic and that promotion is granted at the end of the Annual examination only in accordance with the school promotion policy.
- I also accept the changes made from time to time in the policies of the School by the Management.
- If and when the students do not report to the School on the due date after vacation or sanctioned leave, parents MUST accompany the students to the School and meet the Principal.

Issue of Transfer Certificate

- Transfer Certificate will be issued only when applied for in writing.

Date:

Signature of Parent

Undertaking 2

(To be signed and returned with the Application form by the Parent)

Swimming/Rock Climbing/Trekking/Mountaineering/Boxing/Gymnastics/Microlite Flying/Para Sailing/River Rafting/Horse Riding and other planned adventure activities.

I shall be happy if my ward..... AdmnNo..... is included in the above mentioned courses/activities as and when conducted by the School and if my ward expresses his/her desire to join them. This may be treated as my formal consent for the above courses.

I agree to abide by the directions of the Course-in-Charge and other authorities at Delhi Public School, Panipat City at all times during the course of training of my ward.

In case of any mishap, accident or injury to my ward, I will not hold the Delhi Public School, Panipat City or any member of its staff wholly or partially responsible for it.

I also agree that any disciplinary action taken against my child by the School management will be binding on me.

Date:

Signature of Parent

Undertaking 3

(To be signed and returned with the Application form by the Parent)

I have read the rules of Delhi Public School, Panipat City and agree to abide by them. In spite of normal precautions taken by the School, if any mishap or accident or injury takes place during the period of my ward's stay at the School or if and when he/she joins tours, excursions or camps, I will not hold the institution or any of its staff wholly or partially responsible for it.

Date:

Signature of Parent

Undertaking 4

(To be signed and returned with the Application form by the Parent)

I herewith authorize the School authorities to decide the appropriate medical attention, including hospital admission/surgery in case of emergency if the School can not contact me or any other member of the family or local guardian and I am bound to pay the expenditure towards the hospitalisation/ treatment.

Any Medical condition which disturbs the school environment and was not disclosed at the time of admission will entail in the removal of the child without refund of fees.

(In case of Epilepsy): The School will not be held responsible for any incidence that may be caused for my not reporting any case of epilepsy of my ward in the past.

Date:

Signature of Parent

Affix Passport size
photograph of
Father

Affix Passport size
photograph of
Mother

Affix Passport size
photograph of the
local guardian



DELHI PUBLIC SCHOOL-PANIPAT CITY

Child Care Authorisation

Date :

TO WHOM IT MAY CONCERN

The purpose of this letter is to advise you of the authority given to DPS PANIPAT CITY ("Child Care Provider") over _____ ("Name of the Minor Child")

This grant of authority shall begin on _____ and end on _____, unless terminated earlier by the undersigned.

The above Child Care Provider shall have the absolute and final authority to :

1. Seek appropriate medical treatment or attention on behalf of the Minor Child as may be required by the circumstances, including but not limited to, medical doctor and/or hospital visits.
2. Authorize medical treatment or medical procedures in an emergency situation.
3. Make appropriate and necessary decisions regarding clothing, bodily nourishment and shelter.
4. Explain absences from school; pick minor child from school.
5. Sign release forms for sports and field trips.

Thank you for your understanding, co-operation and prompt adherence to this authorization.

Yours truly

Parent 1

Parent 1

Child Care Provider

Name of the Child

Admission No.

Instructions

1. Child care authorization is a document useful to provide prompt medical or other attention to your child in an emergency.
2. We strongly recommend you to provide the health card of the child on a regular basis to the Child Care Provider to avoid seeking medical permissions in case of an emergency.
3. Please sign the same in triplicate.



DELHI PUBLIC SCHOOL-PANIPAT CITY

Emergency Treatment Consent Form

Child/Dependent Name _____ **Relationship** _____

Address _____ **City** _____ **State** _____ **Pin** _____

Home Phone (_____) _____ **Date of Birth** _____

Parent/Guardian _____ **Work Phone** _____ **Cell Phone** _____

Email of parent/guardian: _____ @ _____

Physician's Name _____ **Physician's Phone number** _____

Emergency Contact (if listed parent/guardian unavailable)

Name _____ **Home Phone** (_____) _____ **Cell Phone** _____

Address _____ **City** _____ **State** _____ **Pin** _____

Relationship to child _____ **Work Phone** (_____) _____

Health History

Special Medical Problems _____

Last Tetanus Shot (Td) (MM/DD/YY) _____ / _____ / _____

Medications to be taken with directions : _____

Medication Allergies : _____

History of Asthma? _____ **Yes/No**

History of seizures or other loss of consciousness? Yes/No

History of heart problems? Yes/No, If yes, nature of problem : _____

Medicines prescribed by treating Doctor _____

(Attach the photo copy of Prescription)

Any specific activities:

Encouraged: _____

Discouraged: _____

"I hereby give my consent in advance to "Child Care Provider" and to the physicians or hospital selected by them to render emergency treatment as in their judgment is reasonably necessary, including, but not limited to, hospitalization, diagnosis including taking specimens and x-rays, giving blood transfusions and medications, anesthesia and surgery for my dependent listed above.

I understand that the Child Care Provider will attempt to contact me before securing medical treatment, but that this consent is given in case I am not available in an emergency.

I specifically release the Child Care Provider and its representatives from any and all claims, loss, cost, damage or expense arising out of or from any accident or other occurrences causing injury to any person or property."

Signature of Parent/Guardian

Date

Signature of non-related adult witness

Date



DELHI PUBLIC SCHOOL-PANIPAT CITY

Child Pick Up Authorisation Form

I _____ Parent / Guardian of _____ hereby authorize the following persons to pick up my child from DPS PANIPAT CITY at any given date. I hereby agree to inform the following persons that proper identification will be required in order to pick up my child/ward.

CHILD INFORMATION			
Name:	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Class Section <input type="text"/> <input type="text"/>	Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address:		Resi. No.	Emergency No.
		Father's No.	Mother's No.

It is extremely important for the security of the child that your child on a set schedule for pick and drop of location for the whole year.

- I understand that my child's school transport schedule cannot be changed on daily basis with a note. Only permanent change request will be considered.
- I understand that my child will only be released from school premises/transport at show of the Parent/Guardian Id Card by parents or Guardian authorised by parents.
- I understand that in case there is no responsible person in attendance at the pick/drop point, the student will be returned to his/her school. Under such circumstances Parents/Guardian may call the school office to verify the student's location.

PERSONS AUTHORISED TO PICK UP THE CHILD			
Name	Address	Phone No.	Relationship
			Father
			Mother
			Guardian 1
			Guardian 2

Affix Passport size
photograph of
Father

Affix Passport size
photograph of
Mother

Affix Passport size
photograph of the
Guardian 1

Affix Passport size
photograph of the
Guardian 2

I/We father/Mother/Parents/Guardian hereby confirm & acknowledge that we have carefully read the above document & shall not make school liable or responsible for any of the untoward incidence once the child/ward is alighted of the school bus. I/We further confirm that one of the responsible parent/guard or an escort from the family shall be available to drop/receive the child at the bus stop.

.....
Signature of Father

.....
Signature of Mother

Date:



DELHI PUBLIC SCHOOL-PANIPAT CITY

An Undertaking by Parents

I confirm that information provided by me in the admission form of DPS PANIPAT CITY for my ward is true and correct. I understand and accept that if the information provided is false or misleading, and / or if I fail to pay school fees, and / or if I or my immediate family fail to abide by DPS PANIPAT CITY policies, and / or I fail to provide all necessary paperwork; it is likely that my child will lose his/her place at DPS PANIPAT CITY.

I understand that school fees are payable as Quarterly (Day School) / Half Yearly (Hostel) advance to secure my child's place at DPS PANIPAT CITY.

I understand that no refund will be made in case of withdrawal or movement of my ward from DPS Panipat City to another school.

I, parent/legal guardian of
..... date of birth, agree to abide by all policies of DPS PANIPAT CITY in support of my child's education including school fee payment and supply of all approved uniform.

I understand that registration does not guarantee my child a place at DPS PANIPAT School, and that interviews and admissions are at the discretion of the school management.

Signature

Date