DELHI PUBLIC SCHOOL
JUBILEE
Motihari, East Champaran (Bihar)

Requirements for Registration :-

1. Student's Photo - 6 (Passport Size)
2. Parents Photo - 1 (Passport size)
3. Medical Form - 1
4. Transfer Certificate - 1
5. Blood Group Report - 1
6. Date of Birth Certificate - 1
7. Aadhar Card (Photocopy) - 1
8. Income Certificate - 1

DELHI PUBLIC SCHOOL, JUBILEE

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Affiliated to CBSE, New Delhi (10+2)

REGISTRATION FORM

Please affix a recent colour Photograph of the Student.

Day Scholar Day Boarder

Registration No.....Date.....

Admission No.....

ISSUE OF REGISTRATION FORM DOES NOT GUARANTEE ADMISSION AS SEATS ARE LIMITED. TO BE FILLED IN BLOCK LETTERS.

Please register the name of my son/daughter/ward for the admission in your school.

1. Admission sought to : Class
2. Child's Name in full (Surname First)
3. Date of Birth (In words and in Figures)

Years Months Days

4. Nationality of child Religion
5. Father's Name

Occupation Designation Annual Income

Organisation Name & Address

Academic Qualification

Phone (Offi.) Resi Mobile No.

6. Mother's Name

Occupation Designation Annual Income

Organisation Name & Address

Academic Qualification

Phone (Offi.) Resi Mobile No.

7. Guardian's Name

Occupation Designation Annual Income

Organisation Name & Address

Academic Qualification

Phone (Offi.) Resi Mobile No.

DELHI PUBLIC SCHOOL, JUBILEE

Motihari, East Champaran (Bihar) Affiliated to CBSE, New Delhi (10+2)

Affiliation No.-330309

ADMISSION FORM

School No.- 65297

Form No.

For Office Use only

Adm. No.

ISSUE OF ADMISSION FORM DOES NOT GUARANTEE ADMISSION

1. Full Name of the Applicant

2. Father's Name

   Qualification | Occupation | Annual Income

3. Mother's Name

   Qualification | Occupation | Annual Income

4. Date of Birth D D M M Y Y Y Y | As on 1st April: Month, Year | Sex: M/F | Mode of Payment Cash / Draft: Amount, Draft No

5. Special Reservation Category

   Defense Sport DPS Employee DPS student Hostel

   Yes No

   Transport Required Yes / No.

   DETAILS OF THE SCHOOL

   Authorised Guardian

   Signature of the Guardian

   Please affix a recent colour Photograph of the Student.

6. Complete address for correspondence (Do not repeat name)

   State | Pin Code | Nationality

   STD Code | Telephone Number | Mobile Number

7. Name of School where studying

8. Class

9. Health Parameters : A. Blood Group B. Height C. Weight D. Vision L R

   E : Allergic to :

DECLARATION BY THE GUARDIAN

I hereby declare that all the particulars stated in this application are true to the best of my knowledge and belief and I agree to abide by the rules and regulations of the school all the times I hereby declare that in case of any information found incorrect & misleading I shall be held responsible and admission of my ward shall be deemed cancelled. I also undertake to abide by the decision of the management in all cases

Please affix a recent colour Photograph of the Parents.

Date :-

Place :-

Signature

DELHI PUBLIC SCHOOL, JUBILEE

Motihari, East Champaran (Bihar)

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Phone. - 06252-233101

Mob. No. - 9128149669, 9507541622

I. CARD FORM

Fill all the Columns in CAPITAL LETTERS.

1. Student's Name :- .....

2. Father's Name :- .....

3. Mother's Name :- .....

4. Class :- ..... Sec. :- ..... Roll No. :- .....

5. Sex :- Male ☐ Female ☐

6. Date of Birth :- ☐☐ ☐☐ ☐☐☐☐

(According to birth certificate)

Please affix a recent colour Photograph of the Student.

7. Date of First Admission and class :- .....

8. Address :- .....

.....

9. Contact No. :- .....

10. Religion :- .....

11. Category :-

GEN		SC	
BC		ST	
OBC			

12. Handicapped :- Yes / No Type :- .....

13. Caste :- .....

Signature of Parents / Guardian

Date :- .....

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Transportation Form

Please affix a recent colour Photograph of the Student.

(Use Capital Letters Only) Admission No .....

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

INFORMATION OF THE CHILD

Last Name ☐ First Name ☐

Gender :- ☐ Male ☐ Female Date of Birth DD ☐☐ MM ☐☐ YY ☐☐

Age :- ☐ Class :- ☐ Section :- ☐ Roll No. :- ☐

Home Addres.....

.....

.....

Phone No.....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 any hereby consent to the terms and conditions regarding transportation.
6. Once agreed for Transport facility, have to pay whole Year.

.....

Signature of Father/Guardian

.....

Signature of Mother/Guardian

Date:- .....

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MEDICAL FORM

Please affix a recent colour Photograph of the Student.

(Use Capital Letters Only) Admission No. .....

Note :- Please keep us information of changes in address and also any other information concerning the heallth of your child relevant of his/ her care during school hours.

INFORMATION OF THE CHILD

Last Name | First Name

Gender :- Male Female Date of Birth DD MM YY

Age :- Class :- Section :- Roll No. :-

Father's Last Name | First Name

Mother's Last Name | First Name

Home Addres.....

.....

Phone No.....Mobile No.....

MEDICAL INFORMATION

Blood group :-

Immunization Status (Attach Photocopy of immunization Card)

BCG DPV DPT Booster for OPV Booster for DPT

Measles MMR Typhoid Hepatitis-B Any other

Booster for DPT Any other

Allergies if any, to medicine and food .....

Birth History/ History of major illness or disorder, if any :-.....

.....

....

Signature of Father/Guardian Signature of Mother/Guardian Signature of Family Doctor (with Seal)

Regn. No.....

Tel :-.....