



**APPLICATION FORM FOR ADMISSION**

(Issue of Registration Form does not imply admission as seats are limited)

(The Form is non transferable and should not be given to anyone else)

Please register the name of my son / daughter / ward for admission to your school. Seat sought under Category:

**General Girl / General Boy; Sibling Girl / Sibling Boy; Alumnus\* ; Staff (Please encircle only one)**



Affix  
Recent  
Photo  
(Colour)

**Student Information**

Child Name: .....

Gender: M  F  Grade Applying for: .....

Academic Year: .....

Date of Birth:       (in words) .....

Nationality of child: .....

Name of the school : .....

Mother Tongue: ..... Home Town: ..... Place of Birth: .....

Category:  General  SC  ST  OBC Attach proof (for official use only)

**Parent Information**

Father's Name (Block Letters): .....

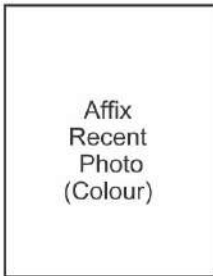
Academic Qualifications: .....

Occupation: ..... Designation: .....

Office Name & Address: .....

..... E-mail ID: .....

Phone: (M) ..... (O) ..... (R) .....



Affix  
Recent  
Photo  
(Colour)

Mother's Name (Block Letters): .....

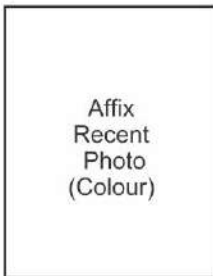
Academic Qualification: .....

Occupation: ..... Designation: .....

Office Name & Address: .....

..... E-mail ID: .....

Phone: (M) ..... (O) ..... (R) .....



Affix  
Recent  
Photo  
(Colour)



# DELHI PUBLIC SCHOOL

Sector-84, Gurugram  
(Under the aegis of the DPS Society, New Delhi)

Guardian's Name (Block Letters): .....

Occupation: .....

Relationship with child: .....

Office Name & Address: .....

.....

E-mail ID: .....

Phone: (M) ..... (O) ..... (R) .....

(Permanent Address): .....

.....

..... Pin: .....

(Present Residential Address /Correspondence Address): .....

.....

..... Pin: .....

Emergency contact no.: .....



### Particulars of siblings taking admission in Delhi Public School, Gurugram, Sector-84.

Name of Child: ..... Male/Female: .....

Admission Number: ..... Class: ..... Section: .....

### Particulars of siblings studying in any other school

Name of Child: ..... Male/Female: .....

Name of the School: .....

Alumni of any DPS School, Nationwide. Yes  No



**STUDENT'S HEALTH HISTORY FORM**

(TO BE FILLED IN BY THE PARENTS)

Has your child had any of the following ailments in the past/present:

- 1. Ophthalmic (eye related) problem/s .....
- 2. Dental problem/s .....
- 3. Orthopaedic problem/s .....
- 4. Respiratory problem/s (e.g. Asthma) .....
- 5. Skin problem/s .....
- 6. Allergy/Allergies .....
- 7. Epilepsy .....
- 8. Any allergy to specific medicine .....
- 9. Pediatric diabetes .....
- 10. Any other ailment not mentioned above .....

Is your child under any medication ? If yes please specify the medication and the purpose.....  
.....

**Note:** If a child suffers from rheumatic heart disease / bronchial asthma / epilepsy / endocrine disorder /allergy to food, medicines etc. / has an illness which requires long term medication, please furnish details of the illness giving frequency, severity of disease etc. and photocopy of the health records and treatment being administered.

**Copy of immunization card to be submitted with the health form.**

Date :.....

Place :.....

Mother's / (Guardian) Signature: ..... Father's / (Guardian) Signature: .....



**HEALTH FORM**

Student's Name .....  
First Name Middle Name Last Name

Date of Birth 

D	D	M	M	Y	Y
---	---	---	---	---	---

 Gender  M  F

**Emergency Contacts**

Mother's / Guardian's Name .....

Mobile No. ....

Father's / Guardian's Name .....

Mobile No. ....

Name & Grade of Sibling(s) .....

Blood Group of the Student .....

**MEDICATION PERMISSION**

I / We give my consent to the School Doctor/ Nurse to administer medication/first-aid for common ailments/medical situations and bi-annual health checkup. I /We am/are conscious of the fact that medication may in rare cases produce unwanted side effects.

**EMERGENCY PERMISSION**

I/We give my/our consent for emergency measures to be taken in case of an emergency situation arising due to an accident/violent injury/medical or surgical emergency with the understanding that I (the mother/the father/the guardian of the student) shall be notified/informed as soon as possible. The school will accept no responsibility for any unforeseen incident that may occur due to the administration of medicine/treatment in both emergency and non-emergency situations, though necessary precautions will be taken.

Date : ..... Place : .....

Mother's / (Guardian) Signature: ..... Father's / (Guardian) Signature: .....