

MAITREYI SCHOOL, JEEWAN PARK UTTAM NAGAR NEW DELHI 110059.

ENROLMENT FORM

(All the entries should be in capital letters only)

Full Name of the Student First Name :

 Middle Name :

 Last Name :

Date of Birth (In Figures) : : : Blood Group: []

 (DOB in words) : _____

Last School Attended : _____

Transfer Certificate Submitted (Yes / No) :

(No admission will be regularized until Transfer Certificate (in original) is produced.

Nationality of Child Religion Sex (M / F)

Whether belong to SC/ST/OBC Status (Day Scholar / Boarder)

School Conveyance required or not : (Yes / No)

Father's Details	Mother's Details
Father's Name _____	Mother's Name _____
Academic Qualification _____	Academic Qualification _____
Organisation Name _____	Organisation Name _____
Designation _____	Designation _____
Office Address _____	Office Address _____
Office Tel.No. _____	Office Tel.No. Fax No. Email ID _____
Fax No. _____ Mobile No. _____	Mobile No. _____
Email ID _____	Present Residential / Local Guardians Address

Permanent Residential Address	
_____	_____
_____	_____
_____ Pin _____	_____ Pin _____
Res. Tel. No. _____	Res. Tel. No. _____
Mobile No. _____	Mobile No. _____
State _____	
Nearest Railway Station / Airport _____	

We, hereby, certify that the information given in this enrolment form is correct to the best of our knowledge and belief.

Date

Signature of Mother

Signature of Father

(OFFICE USE ONLY)

Admission granted in Class Stream

Admission Incharge _____

PRINCIPAL

Full Name of the Student First Name :

 Middle Name :

 Last Name :

Details of any sibling (real brother or sister) now in DPS R.K. Puram / East of Kailash / Vasant Vihar

<i>Admn.No.</i>	<i>Class/Sec.</i>	<i>Name of the Child</i>	<i>Name of the school</i>
_____	_____	_____	_____
_____	_____	_____	_____

INSTRUCTIONS

FOR DAY SCHOLARS

The school provides transport facilities, but there is no guarantee that a seat in the school bus will be made available, when the buses are full to capacity or do not ply in the area of residence. **Transport once provided will not be discontinued during the academic session.**

GENERAL

If at any stage after admission, it comes to our notice that vital information concerning the admission of their child has been withheld by the parents, or that they have give incorrect information, the admission of the student will be cancelled and his/her name struck off the rolls.

Principal

DECLARATION

- 1.We, hereby, certify that the information given in this enrolment form is correct to the best of my knowledge and belief.
- 2.The School reserves the right to cancel the admission of any student if it is found that the declaration / certificate submitted at the time of admission is found to be false / improper.
- 3.We, on behalf of our ward, hereby, undertake to abide by all the notification / instructions / circulars issued by the Head of the school from time to time.
- 4.All disputes are subject to the jurisdiction of Delhi Courts only.

We further declare that we shall not make any request either in the Date of Birth or the Spelling of his / her name.

We put our signatures to confirm the above declaration.

Date

Signature of Mother

Signature of Father

MEDICAL HISTORY OF THE CHILD

I, _____ father/mother of _____ student of Class/Sec. _____ Admission No. _____ hereby confirm that my child/ward is suffering/not suffering from:

- Allergy to any food item/drug.
Fits
- Bronchial Asthma/Bronchospasm
- Any other disease for which the child is on regular medication.

Parents to note that concealing correct medical history may result in expulsion from hostel immediately.

Date : _____

Signature of Parent

MEDICAL FITNESS CERTIFICATE / DETAILS OF IMMUNISATION
(To be certified by a student's regular doctor)

Copy of vaccination card may be attached

Certified that Master/Miss _____ has been immunised against:

Vaccine	Date
Tetanus	
Typhoid	
Hepatitis B1	
Hepatitis B2	
Hepatitis B3	
Hepatitis A1	
Hepatitis A2	
Chickenpox	

Certified that Master/Miss _____ Son/Daughter of _____

- is medically fit.
- has no allergy.
- has not suffered from any Acute/Chronic disease which needs constant Medical Supervision (if yes please specify).

Date : _____

Name with Regn. No. & Seal

Signature of Medical Officer

MEDICAL CERTIFICATE BY SCHOOL DOCTOR

Certified that I have examined Master / Miss _____ and he / she is medically fit / unfit for admission in the School.

Date : _____

Signature of Medical Officer
DPS R.K. Puram

CERTIFICATE FROM PARENTS

Certified that I/We, _____ father/mother of _____ am/are staying with him/her at our Delhi / NCR residence address at _____

Date : _____

Signature of the Father

Signature of the Mother

Place : _____

Father's Name _____

Mother's Name _____

CHARACTER CERTIFICATE

I, _____ hereby certify that _____ son/daughter of Shri _____ was a bonafide student of this school since _____ (date).

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)

UNDERTAKING FORM

DAY SCHOLARS

We acknowledge that participating in activities involves certain risks (some of which we may not be fully aware of) and that injuries, death or other harm could occur inadvertently to my ward or others.

We agree to indemnify and hold the School harmless from all losses, liabilities, damages, costs or expenses, which arise during or result from my ward's participation in the activities.

Date : _____

Place _____

Signature of the Father

Father's Name _____

Signature of the Mother

Mother's Name _____