



REGISTRATION FORM (NON-TRANSFERABLE)

Recent
coloured
Passport
Photograph
of the child

| |
|-----------|
| CLASS : |
| SESSION : |

1. Full name of the student
(in Capital Letters)

2. Date of Birth (in figures)
(in words)

3. Category: General ☐ SC ☐ ST ☐ OBC ☐ Gender ☐

4. Name of the school presently studying
Whether affiliated to C.B.S.E/ any other board

5. Medium of instruction

6. Parental Information

Name

Qualification

Occupation

Name of Organization

Designation

Mobile

E-mail

Bank Account No.

Bank Name & Address

Father

Mother

7. Annual Income

☐ Up to 1 Lakh

☐ 1 to 3 Lakh

☐ 3 to 5 Lakh

☐ 5 to 10 lakh

☐ More than 10 Lakh

8. The parents are: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

9. Child Lives with: ☐ Both Parents ☐ Father ☐ Mother ☐ Guardian

10. If the child is an adopted child, please tick ☐ Yes ☐ No

11. Person responsible for payment of fees:

12. Residential Address

13. Any other information

i. Staff Child

ii. Sibling studying in DPS Kidszone, Bhopal / DPS Bhopal (If yes, scholar no.)

iii. If parent is Ex. DIPSITE :- Name of School with Address

Year of passing out

Signature of Parent

UNDERTAKING / DECLARATION

1. I fully understand that the school, on accepting the registration of my ward, is not in any way bound to grant admission. I also understand that the decision of the Head Mistress regarding admission will be final and binding on me.
2. I fully understand that DPS Kidszone, Bhopal has the right to offer admission based on vacancy of seats.
3. I hereby certify that the Date of Birth and spelling of name of my ward given in this form are true and correct and I shall not make any request for change.
4. I undertake that the information / documents submitted in this form are true and correct and not misleading and no relevant information has been concealed. I understand that false or misleading information or withholding correct information may disqualify my ward for admission/education at this school.

I hereby put my signature to confirm the above declaration.

Date

Signature of Parent/Guardian

Place

Name of Parent

INSTRUCTIONS

1. Registration once completed for a particular year is **Not-Transferable** to any other year or to any other child.
2. Issue of Registration Form does not Guarantee Admission.
3. Please enclose attested photocopy of Municipal Birth Certificate, Aadhar Card of Parent/Guardian and student.
4. Attach copy of certificates for proficiency in Games, Co-curricular / outstanding achievements. (If any)
5. Both the parents must accompany the student when called for an interaction/assessment.
6. Incomplete registration form will not be accepted. It is mandatory to attach all enclosures as stated above.

BHOPAL

Admission Office:

DPS Bhopal, Near Neelbad Crossing, Bhadbhada Road, Bhopal - 44 (M.P), Ph: 0755 - 6611400/401/435

Email: dpskidszone@gmail.com, Website: www.dpskidszone.org



HEALTH CARD

1. Name of the Student :

2. Class/Section: 3. Date of Birth:

4. Father's Name:

5. Address:
(With Tel. No.)

6. Immunization History

| | Yes | No |
|---------------------|--------------------------|--------------------------|
| a. B C G: | <input type="checkbox"/> | <input type="checkbox"/> |
| b. D P T: | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Oral Polio: | <input type="checkbox"/> | <input type="checkbox"/> |
| d. D T: | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Measles/MMR: | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Tetanus Booster: | <input type="checkbox"/> | <input type="checkbox"/> |
| (7 - 16 years): | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Typhoid: | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Cholera: | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Meningitis: | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Any Others: | <input type="checkbox"/> | <input type="checkbox"/> |

Note: (i) Vaccines (a) to (f) are compulsory
(ii) Vaccines (g) & (h) are optional but recommended to be given once a year
(iii) Vaccines (i) & (j) are optional, but recommended

7. Blood Group:

8. History of Past illness

a) Specific diseases suffered in the past:

b) Operation undergone in the past, if any, specify:

c) Allergies if any:

d) Any other disease (s) for which the child is on regular medication:

e) Any bronchial problem:

9. Is the child fit for swimming & horse riding:

I shall have no objection to the School Medical Officer giving inoculation against Typhoid, A, B & Cholera to my child from year to year.

Signature of Parent

Date:

MEDICAL CERTIFICATE OF FITNESS (from Registered Doctor)

This is to certify that I, Dr. have examined
aged years, S/O or D/O on date
His/ Her visual equity is normal / corrected with glasses, There is no other illness which would render the child unfit to join school. He/She is fit/unfit to join school. The child is fit for swimming & horse riding.

SIGNATURE & SEAL OF DOCTOR

Name:

Reg. No.

Date: