



DAV PUBLIC SCHOOL

Brij Vihar, Ghaziabad (U.P.) 201011 Tel.: 0120-2641387, 2642275, 4113643

REGISTRATION FORM

Father	Mother	Child
Recent Photograph	Recent Photograph	Recent Photograph

INFORMATION REGARDING THE CHILD (WRITE IN CAPITAL LETTERS)

Last Name	First Name
<input type="text"/>	<input type="text"/>

Date of Birth (in figures)	Aadhaar No. of Child	Class for which Admission is sought
<input type="text"/>	<input type="text"/>	<input type="text"/>
D O M M Y E A R		

FAMILY INFORMATION

Father / Guardian :

Name :
Age :
Educational Qualification :
Office Address & Tel. :

Mother / Guardian :

Name :
Age :
Educational Qualification :
Office Address & Tel. :

RESIDENTIAL ADDRESS

<input type="text"/>
<input type="text"/>
<input type="text"/>
Tel. :
Mobile :

TRANSPORTATION

Is School Transportation Required?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes pick up point : _____	

SIGNATURES :

I hereby certify that the information given in the Registration Form is complete and accurate. I understand and agree that misrepresentation or omission of facts will justify the denial of admission, the cancellation of admission or expulsion. I have read and do hereby consent to the Terms & Conditions being enclosed with the Registration Form.

Signature of Father/Guardian

Date: _____

Signature of Mother/Guardian

Date: _____

Note : Incomplete forms will not be accepted



DAV PUBLIC SCHOOL

BRIJ VIHAR, GHAZIABAD

Phone : 0120-2641387, 2642275, 4113643

E-mail : davbrijvihar@yahoo.co.in

Website : www.davbrijvihar.com

Recent
Photograph
of child

ADMISSION FORM INFORMATION REGARDING THE CHILD

NAME OF THE CHILD _____

(In Capital Letters)

DATE OF BIRTH _____ (Attach copy)

AADHAAR NO. OF CHILD _____ (Attach copy)

CLASS FOR WHICH ADMISSION IS SOUGHT: _____

NAME OF PREVIOUS SCHOOL: _____

GRADE POINT OF CLASS X (For class XI only): _____

NATIONALITY : _____ SC/ST/OBC/GENERAL _____

MALE/FEMALE : _____

RESIDENTIAL ADDRESS : _____

MOBILE/PHONE NO. _____

EMERGENCY CONTACT NO. _____

E-mail _____

FATHER'S NAME _____

AGE _____ EDUCATIONAL QUALIFICATION : _____

ORGANIZATION WORKING FOR : _____

DESIGNATION : _____

OFFICE ADDRESS : _____

ANNUAL INCOME : _____

MOTHER'S NAME : _____

AGE _____ EDUCATIONAL QUALIFICATION : _____

ORGANIZATION WORKING FOR : _____

DESIGNATION : _____

OFFICE ADDRESS : _____

DECLARATION BY THE PARENT

We solemnly declare that the date of birth of the child given above is as per the Birth Certificate which is produced for verification A certified copy is enclosed.

I hereby certify that the information given in the Form is complete and accurate. I understand and agree that misrepresentation or omission of facts will justify the denial of admission, the cancellation of admission or expulsion. The total amount once deposited for admission procedure will not be refunded nor adjusted in any case.

I undertake to abide by the rules regarding the payment of Tuition Fee and other charges. Accordingly if monthly fee is not deposited before the last day of the month, I would accept the action taken by the school authorities that may include striking off the name of my ward from the rolls of the school.

I also declare that in case of any act of misconduct of my ward, he/she will be liable to punishment as deemed fit by the school authorities.

Sign. of Father : _____

Sign. of Mother : _____

Date : _____

FOR TRANSPORTATION FACILITY

MENTION STOP : _____

We will pay transport charges for 11 months according to the rates enforce for the time being. We understand that it would be our responsibility to drop and pick-up our child at/from the specified bus-stop. We accept that the bus facility is extended to our ward at our own risk and responsibility.

Sign. of Father : _____

Sign. of Mother : _____

Date : _____

(FOR OFFICE USE ONLY)

Class & Section _____ Documents attached : (TC/Date of Birth/Aadhar)

Receipt No. _____ Amount Paid _____ Admn. No. _____

Route No. : _____

Dealing Asstt. _____

Principal

FOR THE RECORD OF CLASS TEACHER
PARTICULARS OF STUDENT

NAME MR./MS. _____ (In Capital Letters)

FATHER'S NAME : _____

MOTHER'S NAME : _____

DATE OF BIRTH: _____ CLASS: _____

ADHAAR NO. OF CHILD _____

RESIDENTIAL ADDRESS : _____

MOBILE NO. _____

E-mail : _____

RESIDENCE PHONE NO. _____

BROTHER/SISTER In DAV Brij Vihar, If Yes, Write Name, Class and Section _____

NAME OF PREVIOUS SCHOOL : _____

TRANSPORT REQUIRED : YES/NO

IF YES DROP & PICK-UP POINT : _____

PARENT'S SIGN.

Date : _____

FOR OFFICE USE ONLY

ADMISSION NO. _____ CLASS & SECTION : _____ DATE OF ADMN. _____

ADMISSION INCHARGE

PRINCIPAL



DAY PUBLIC SCHOOL

Brij Vihar, Ghaziabad (U.P.) 201011 Tel.: 0120-2641387, 2642275, 4113643

MEDICAL FORM

[Write in Capital Letters]

Note : Please keep us informed of changes in address and telephone number and also any other information concerning health of your child relevant to his/her care during school hours.

Please affix a recent colour photograph of the child

Admission No. _____

FAMILY INFORMATION

Last Name of the child

First Name of the child

Date of Birth

Class

Section

Last Name of the father

First Name of the father

Last Name of the mother

First Name of the mother

RESIDENTIAL ADDRESS

PHONE NOS.

Res. :

Off. :

Emergency :

MEDICAL INFORMATION :

Blood Group

Immunization Status : (Attach photocopy of immunization Card)

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> BCG | <input type="checkbox"/> Measles |
| <input type="checkbox"/> OPV | <input type="checkbox"/> MMR |
| <input type="checkbox"/> DPT | <input type="checkbox"/> Typhoid |
| <input type="checkbox"/> Booster for OPV | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Booster for DPT | <input type="checkbox"/> Any other |

Allergies to medicine and food

History of major illness, if any :

Signatures of Mother/Guardian

Date :

Signatures of Father/Guardian

Date :

Signatures of Family Doctor

Date :

**DAV PUBLIC SCHOOL
BRIJ VIHAR
GHAZIABAD**

DECLARATION BY THE PARENT

I _____ F/o / M/o _____ class _____ section _____
undertake to abide by the rules regarding payment of Tuition fee and other
charges. I have read all the rules and regulations given in student's guideline
book and promise to abide by them. Accordingly, if monthly fees is not deposited
before the last day of the Month, I would accept the action taken by the school
authorities that may include striking off the name of my ward from rolls of the
school.

Signature of Father : _____

Name : _____

Contact No. : _____

Date : _____

Signature of Mother : _____

Name : _____

Contact No. : _____

Date : _____

D A V PUBLIC SCHOOL, BRIJ VIHAR, GHAZIABAD

CODE OF CONDUCT FOR STUDENTS

a. The following acts and conduct on the part of the students will amount to misconduct :

1. Misbehaviour towards teachers or any other employee of the school.
2. Intentional disturbance of classes.
3. Absence from classes without the permission of the teacher/Coordinator/Principal.
4. Bullying/intimidation of others.
5. Eve-teasing / misbehaviour towards girl students.
6. Damaging/ disfiguring school property.
7. Propagating a strike/ disruption of classes.
8. Association with banned organization.
9. Propagating communal/ caste feeling amongst the students.
10. Indulging in physical violence in any manner.
11. Disobeying lawful orders of the teacher/ Coordinator/ Principal.
12. Bringing unauthorized people/ objectionable articles inside the school.
13. Theft/pilferage of school/ student's property.
14. Any behaviour unbecoming of a student.
15. Indulging in acts of moral turpitude.
16. Use of drugs/ intoxicants/ smoking.

b. In above acts of misconduct, Principal shall take suitable action as per observations of the disciplinary committee depending on the gravity of the misconduct, which may include :

1. Oral/ written warnings to the student and parents.
2. Suspension from attending classes / school for a specified period.
3. Recovery of loss to school property.
4. Issue of Transfer Certificate.
5. Expulsion/ rustication from school.
6. Mobiles/ objectionable articles will be returned only at the end of the session.

DECLARATION BY THE PARENT

I, F/o / M/o , Mr/ Ms. _____, Student of class _____ have read the guidelines for students as well as parents and will abide by the same. I have thoroughly gone through the code of conduct for students and in case of any act of misconduct of my ward, he/ she will be liable to punishments deemed fit by the school authorities.

Sign. of Father _____ Sign. of mother _____ Sign. of student _____

Name _____ Name _____ Name of the student _____

Mobile No. _____ Mobile No. _____ Class & Section _____

Date : _____ Date : _____ Date : _____ Admn. No. _____