U S ACADEMY & INSTITUTE

PLAYWAY to CLASS XII, Affiliated to CBSE, New Delhi

Admission No. .....

ENROLMENT FORM

(All the entries should be in capital letters only)

ENR-2223

Full Name of the Student — First Name :
Last Name :

Date of Birth — (In Figures) : (DD) (MM) (YEAR)

(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 member of 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 _____
Profession _____	profession _____
Designation _____	Designation _____
Organization Name _____	Organization Name _____
Office Address _____	Office Address _____
Office Tel. No. _____	Office Tel. No. _____
Fax No. _____ Mobile No. _____	Fax No. _____ Mobile No. _____
Email ID _____	Email ID _____
Permanent Residential Address	**Present Residential/Local Guardians Address**
_____	_____
_____ Pin _____	_____ Pin _____
Res. Tel. No. _____	Res. Tel. No. _____
Mobile No. _____	Mobile No. _____
State _____	State _____
Nearest Railway Station/Airport _____	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 **Allocated Section** **Admission Date**

Admission Incharge **Principal**

Campus Location - Rajpur,Campierganj, Gorakhpur - 9450262803
Campus Location - Vikas Nagar, Bargadwa, Gorakhpur - 9532163084
website - www.usaigkp.com | Email - usai111@usaigkp.org

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Full Name of the Student First Name : | | | | | | | | | | | | |

Last Name : | | | | | | | | | | | | |

ENR-2223

Account I/c : **RT No.** _____ **Date** _____ **Sign** _____

Transport I/c : **Route No. DW** _____ **Bus Stop** _____

Details of any sibling (real brother or sister) :

Admn No.	Class/Sec.	Name of the Child	Name of the School
_____	_____	_____	_____
_____	_____	_____	_____

INSTRUCTIONS

FOR HOSTELLERS

Admission to the hostel is granted for two academic years i.e. 2016-2017 and 201-2018 (Classes XI & XII). No withdrawal from hostel itself is allowed during the above period. All hostellers will have to pay the hostel fees in advance before joining the hostel.

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 are 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**

U S ACADEMY & INSTITUTE

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ENR-2223

CERTIFICATE FROM PARENTS

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

Date : _____ **Signature of Father** **Signature of Mother**

Place : _____ Father's Name _____ Mother's Name _____

UNDERTAKING

I, hereby indemnity the school against any damage, sickness, accident, death caused to my ward during his/her stay in the Delhi Public School, Dwarka on account of any mishappening that may be caused inadvertently to my ward.

Date : _____ **Signature of Father** **Signature of Mother**

Place : _____ Father's Name _____ Mother's Name _____

U S ACADEMY & INSTITUTE

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MEDICAL HISTORY OF THE CHILD

ENR-2223

I, _____ father/mother of _____ student of Class/Section _____ 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

(Applicable for all new admissions)

Certified that Master/Miss _____ Son/Daughter of Mr./Mrs. _____

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

Date : **(Signature of Medical Officer)**

Name with Regn. No & Seal _____

IMMUNIZATION CERTIFICATE

(To be certified by a Registered Immunization Centre or copy of vaccination card can also be attached)

Certified that Master/Miss _____ has been immunized against

- Typhoid Vaccine on dated _____ (Injection/Oral Caps)
- Injection against Hepatitis B
- Hepatitis A 1st Dose on _____ 2nd Dose on _____
- Chicken Pox _____ (No vaccination required if suffered earlier)

Date : **(Signature of Medical Officer)**

Name with Regn. No & Seal _____

MEDICAL CERTIFICATE

To be certified by Medical Officer, DPS Dwarka

Certified that Master/Miss _____, Son/Daughter of Mr. /Mrs. _____

Class/Section _____ and that he/she is medically fit/unfit for admission in the hostel.

Date : **(Signature of Medical Officer)**
(DPS Dwarka)

U S ACADEMY & INSTITUTE

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ENR-2223

CHARACTER CERTIFICATE

(Applicable for all new admissions)

I, _____ hereby certify that _____

Son/Daughter of Shri _____ was a bonafide student of this school since the last _____ years.

To the best of my knowledge he/she bears a good moral character.

Date :

Place :

Principal of school last attended

(With School Seal)

U S ACADEMY & INSTITUTE

PLAYWAY to CLASS XII, Affiliated to CBSE, New Delhi

ENR-2223

UNDERTAKING BY PARENTS

1. I / We _____ do hereby undertake that I/we have read and understood the Hostel Rules & Regulations laid down by the School and agree to abide by them.

2. I / We hereby authorize the persons as stated on Page 1 of this form to act as Local Guardians for my / our son / . I / We also delegate my / our responsibility to him and authorize him to take necessary decisions and actions in my / our absence.

3. I / We certify that my / our residential address and the Local Guardians address and contact details as mentioned on page 1 of this form are correct. In case of any change, I / we will intimate the same to the school management within 3 days.

4. My / Our ward will not indulge in any act of RAGGING. If he is found indulging in any such act or misbehavior, disciplinary action may be initiated against him as per the provisions of the Act No. IPC 326 (Serious Injury), 323 (Injury) and IT Act 67 (Vulgar SMS) and he may be expelled from the school if found guilty. If my / our ward is involved in any act of ragging, an FIR may be lodged against him.

5. I / We have gone through the prospectus and read through the fee structure and payment schedule. We agree to abide by them and strictly adhere to the payment schedule given. I / we will deposit the fees in full before the beginning of each term. The school fees and penalty, if any, which is due towards payment by me, will be paid within 30 days. If I / we default in making the payment, I / we are aware that, I / we will be asked to withdraw my / our ward. I / We will accept such a decision of the school authorities.

6. I / We have carefully read the "LEAVE RULES" of the institution for DPS Dwarka Hostel. I / We understand that no leave will be granted to the students unless approved by the Principal. The gate pass will be issued only to me / us or to the authorized local guardians to take my / our ward, out of the hostel during regular week end outings / leave for special occasions.

a) Leave for attending marriage:
   I. I / We understand that the application for leave to attend marriage will be supported by a marriage invitation card.
   II. I / We understand that in addition to the travel time, only two days leave will be permitted for the following cases:
      - Marriage of real brother or sister.
      - Marriage of Parents real brother or sister

b) Leave on account of death in the family:
   i) I / We understand that such leave is permissible to offer condolence only in the event of death of an immediate relative in the family.

7. I / We shall ensure that my / our ward will report back to the school on the assigned date as mentioned in the leave application. He will join back on the day the school reopens after vacations as per the dates specified in the school calendar. I / We understand that if my / our ward fails to join back on the assigned date, necessary disciplinary action may be taken against him as per the school rules & regulations.

8. I / We understand that my / our ward will be expelled from the school for any of the following act:

   a. Using unfair means in the examination.
   b. Consistent unsatisfactory performance.
   c. Any act of Immorality as per social norms.
   d. Grave insubordination
   e. Stealing or extortion of money or any item from other students
   f. Contempt of authority
   g. Leaving the hostel or school premises without prior permission. (Breaking the boundary rules)
   h. Damaging school property
   i. Any word, statement or action likely to undermine the reputation of the institution.
   j. Bullying, assaulting and any act of ragging
   k. Smoking, drinking alcohol and use of other psychotropic drugs and substances.

U S ACADEMY & INSTITUTE

PLAYWAY to CLASS XII, Affiliated to CBSE, New Delhi

ENR-2223

9. I / We certify that all information related to the medical history of my / our ward is correct and complete. I / We understand that the school will do its best to provide routine medical aid, but will not be held responsible for any sickness / undisclosed disease. I / We understand that in case of communicable / infectious diseases, my / our ward will be sent back home. I / We / local guardian will pick him up from the hostel.

10. I / We understand that in case of planned surgical procedures, we will duly inform the school authorities and formally apply for leave for my / our ward supported by all medical documents. I/We/Local Guardian will personally pick up our ward. My / Our ward will join back after complete recovery and a medical fitness certificate from the concerned medical practitioner will be submitted to the school authorities.

11. I / We agree to accept the Medical Insurance Policy which the school will enter into agreement with the Insurance Company. In the event of an emergent requirement of surgery / treatment, I / we permit the school authorities to take appropriate action. I / We assure that the local guardian will immediately rush on information and duly sign all the required medical papers on my / our behalf. I / We agree to reimburse all the medical expenses incurred by the school authorities during the course of treatment which are not covered under the Insurance policy.

12. If my / our ward leaves the school campus without permission, the school authorities may lodge an FIR with the local Police Station. I / We will have no right to question and raise objections to this action. The school will not be held responsible in the event of any accidental mishap or untoward incident in such circumstances.

13. I / We will try to attend the PTM as per the schedule given in the School Almanac. In case of my / our inability to do so, I / we will ensure that the Local Guardians attend the PTM on our behalf.

14. I / We shall ensure that my / our ward will not carry any eatables, electrical gadgets, .

15. I / We & my / our family shall visit my / our ward only on the specified days stated in the visiting schedule for the Parents / Local Guardian.

16. I / We will not visit the rooms of the students without proper permission from the Principal / Warden.

17. I / We assure that I / We will extend full cooperation to the School authorities in the interest of my / our ward.

I / We have read the rules & regulations of the Delhi Public School, Dwarka (Hostel & School) and agree to abide by them. If, in spite of precautions taken by the school, any mishap, accident, injury or death takes place during the period of my / our ward's stay in the school & hostel or if and when he joins a tour, excursion, sports activities or camp, I / We will not hold the school or any member of its staff wholly or partly responsible for it.

(Father's Signature)

Name _____

Date _____

(Mother's Signature)

Name _____

Date _____

U S ACADEMY & INSTITUTE

PLAYWAY to CLASS XII, Affiliated to CBSE, New Delhi

ENR-2223

UNDERTAKING BY LOCAL GUARDIANS

1. I/We hereby agree to be the LocalGuardian(s) for Master _____ Son of Mr./Mrs. _____ and agree to take his responsibility in the absence of the Parents.

2. I/We hereby undertake that I/We have read the Hostel Rules & Regulations of the School and agree to abide by them.

3. I/We confirm that my/our address and contact details are as mentioned in Page 1 of this form and in case they are changed I/We will intimate the same to the school management within 3 days.

4. I/We hereby undertake that in case of any sickness, particularly in case of any infectious/communicable disease or any emergency, it will be my/our responsibility to keep the ward with me/us during the directed period by the school authorities.

5. I/We have studied the leave rules of the institution. I/We assure that, I/we will follow the stipulated timings. I /We & my/our family shall visit my/our ward only on the days specified in the Visiting Schedule for the Parents/Local Guardian. s

6. I / We will personally pick up & drop him/her back as per the scheduled time of return for weekend outings /leave etc. I / We assure that I / we will always adhere to all rules related to the issue & submission of GATE PASS.

7. I/We shall ensure that my ward will report punctually to the school on the school opening days specified in the School Calendar failing which, disciplinary action may be taken against him or her. I / We are aware that such action may even be withdrawal from school.

8. I/We shall ensure that my ward does not carry any eatables, electrical gadgets, mobile phones or any other costly items to the hostel & school. He will also not carry more than Rs 500 cash with him at any given time.

9. I /We will not visit the rooms of the students without proper permission from the Principal/Vice Principal/Warden.

(First Local Guardian's Signature) **(Second Local Guardian's Signature)**