

DE PAUL INTERNATIONAL RESIDENTIAL SCHOOL



U-DISE CODE :32090300616

CBSE AFFILIATION NO.931486

M.K Padi P.O, Pushpagiri, Idukki-Dist, Kerala 685514

Ph.8111995671, 72, www.dpirsk.com, dpirskerala@gmail.com

Affix a recent
passport size
color Photograph

Application form for Admission

(Type or Write in Block Letters)

Class to which Admission is sought		<input type="text"/>	<input type="text" value="SCIENCE"/>	<input type="text" value="COMMERCE"/>			
1.	Name of the Student						
2.	Gender (Tick the Column)	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>		
3.	Nationality						
4.	Mother Tongue						
5.	Religion						
6.	Date of Birth	Date		Month		Year	
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	Father's Details:	Name					
		Nationality					
		Occupation					
		Office Address					
8.	Mother's Details	Name					
		Nationality					
		Occupation					
		Office Address					

9	Address for Correspondence	Address						
				PIN				
		Telephone	Office					
			Residence					
		Email						
		WhatsApp						
10	Local Guardian's Details	Name						
		Occupation						
		Address						
		Telephone	Office					
			Residence					
		Email						
11	Aadhar No. of the Student (For Indian Citizens only)							
12	Name and address of the school of the student last attended, with Tel. No.							
13	Details of the previous attended school	Class attending /Last attended	Last academic year attending/attended	Promoted (Tick)				
				Yes	<input type="checkbox"/>			
				No	<input type="checkbox"/>			
				Ongoing	<input type="checkbox"/>			
14	The syllabus followed in the previous school(tick)	CBSE	ICSE	State Board	Any other (Specify):			
15	Details of Subject Studied	Subjects			Mark Obtained			

	And Marked obtained	1. 1st Language:	
		2. 2nd Language:	
		3. 3rd Language:	
		4.	
		5.	
		6.	
		7.	
		8.	
		9.	
		10.	
16	Subjects to be offered in DPIRSK	Subjects	
		1. 1st Language:	
		2. 2nd Language:	
		3. 3rd Language:	
		4.	
		5.	
		6.	
		7.	
		8.	
		9.	
10.			
17	If the Student is a Passport holder, Kindly fill up the following: (photocopies to be enclosed)	Passport No.	
		Date of issue	
		Date of renewal	
		Place of issue	
18	For Foreign Nationals	Details of visa	
		Date of issue	
		Date of expiry	
19	Any other relevant Information:		

Name & Signature of Student

.....

Name & Signature of Parent/Guardian

.....

DECLARATION BY PARENT

- a. I certify that I am the bonafide guardian of the child.
- b. In my physical absence, I nominate Mr./Mrs./Ms. To be the local guardian of the child and details of the local guardian are furnished in the admission form.
- c. I understand that rendering false, misleading or withholding correct information may disqualify admission or education of the child at DPIRSK
- d. I understand that the one-time Admission fee is non-refundable. I fully understand that remittance of Admission fee is not a guarantee for admission. Admission granted as per DPIRSK norms.
- e. I agree to submit requisite documents for admission and non-submission or delayed submission beyond stipulated time can render the admission to be invalid
- f. I have made careful note of all details regarding payment of school fees. I have made satisfactory arrangements for timely remittance of school fees within its due dates
- g. I fully understand that I will not be refunded school fees and deposits (expect Caution Deposit) after making remittance to school accounts in case of withdrawal of child from DPIRSK.
- h. On non-payment of fees and other dues, the school has the right to strike of the name of my ward and stop him/her from appearing any exam.
- i. I have declared all medical details and conditions of the child to the best of my knowledge.
- j. In case my child is admitted ,DPIRSK may make necessary arrangements to provide inoculation for various basic medical prevention as prescribed under National Immunization Program, Govt. of India. I have declared the medical history of the child for such immunizations.
- k. I agree that the School will not be held responsible for any injury or loss of life suffered during activities such as sports , games, gymnastics etc.
- l. I hereby give consent for any emergency surgery to be conducted on my ward and the school will not be held responsible for any adverse consequences.
- m. I fully understand and agree that DPIRSK may increase school fees and other related deposits as deemed necessary as per the decision of the school management and that DPIRSK will steps to inform such fee hikes in advance.
- n. I will not hold the school responsible for any untoward accidents that might take place involving my ward and will not put in any kind of compensation claim for such mishaps. If my ward violated any of the school rules and regulations and the school authorities deem it necessary, I shall withdraw my ward from the school.
- o. If my ward is found guilty of use or possession of tobacco products, drugs or in possession of unauthorized cash or indulge in any indiscipline or misconduct the school is empowered to expel my ward at any time even during the annual exams.

I.....the parent ofdeclare that I have read the rules, regulation and procedures laid down by DPIRSK and being of having my ward educated in DPIRSK, I hereby agree to abide by them in all respects.

Signature of the Parent/Guardian.....

Enclosure: (Tick relevant)

- 1. Birth Certificate/valid T.C:
- 2. Photograph (4 nos.)
- 3. Declaration by the parents
- 4. Family profile
- 5. Medical Form
- 6. Photocopies of Passport
- 7. Photocopies of Visa (Foreign Nationals only)

DE PAUL INTERNATIONAL RESIDENTIAL SCHOOL

FAMILY PROFILE

Affix the
photograph of
the student

Name of the Student:

Roll No:

To ensure the safety and security of your ward kindly furnish the following particulars

Please affix the Photograph of the Father here		Please affix the Photograph of the Mother here		Please affix the Photograph of the Guardian here
Father		Mother		Guardian

Family Details:-

Sl. No.	Name	Relationship	Age
		Father	
		Mother	
		Brother (s)	
		Sister (s)	

Signature of the parents

Father

Mother

Guardian.....

Place:

Date:

Signature of the Principal.....

DE PAUL INTERNATIONAL RESIDENTIAL SCHOOL

CONFIDENTIAL MEDICAL RECORD

1. Name of Pupil (in Block Letters): Roll No.....

2. Age & Date of Birth :.....

3. Name : Address and Telephone No. of Parents :.....
.....
.....

4. Personal History

A. Present health status:

(In case the child is suffering from any chronic diseases / disability specify).

B. Previous illness

(a) Measles : Year

(b) Mumps : Year

(c) Chicken Pox : Year

(d) Whooping Cough : Year

(e) Diphtheria : Year

(f) Primary Complex : Year

(g) Other illness : Year

(h) Previous operation(details) : Year

(i) Previous hospitalization (specify reason: Year

5. Family History.

In case of parent (s) / brother (s) /sister /suffered from chronic diseases such as Diabetes, Epilepsy, asthma, allergies, hypertension, heart disease etc.

6. Name, address and Telephone No. of the Family Doctor.....
.....
.....

7. Details of Vaccinations:

(a) Primary Vaccination (BCG, DPT, Polio, Measles, MMR) : given/ not given

(b) Booster dose for DPT and DT : given/ not given

(c) Date of last T.T injection :year.....month

(d) Hepatitis B.(3 dozes) :year.....month

(e) Typhoid/ chicken pox / others :year.....month

8. Drug Allergy :.....

9. Food Allergy :.....

10. Special instruction. If any :.....

Place :.....

Date :.....

SIGNATURE OF THE PARENT / GUARDIAN

DE PAUL INTERNATIONAL RESIDENTIAL SCHOOL

DECLARATION

(To be signed by the parent and returned to the school)

I.....(Father/Mother/Guardian)of
.....Roll No.....Who is a
Student of De Paul International Residential School, Kerala declare and agree to following.

1. If my ward is found guilty of using or possessing tobacco products or drugs or on possession of unauthorized cash or indulge in any indiscipline or misconduct the school is empowered to expel my ward at any time even during the annual exams.
2. The school will not be held responsible for any injury or loss of life suffered during activities such as sports, games, gymnastics, etc.
3. I hereby give my consent for any emergency surgery to be conducted on my ward and the school will not be held responsible for any adverse consequences.
4. On non –payment fees and other duties, the school has the right to strike of the name of my ward and stop him/her from appearing any exam.

Place:
Date:

Signature of the Parent/ Guardian
Name:.....

FOR OFFICE USE ONLY

SN	Description	Remarks		
1	Status	Admitted	Hold	Reject
2	All relevant documents in order	Permitted	Not Permitted	
3	Payments towards Admissions	Approved	Not Approved	
4	Admission No.			
5	Class to which admitted			
6	Dormitory allotted			
7	House allotted			
8	Club Associated			

Date:

Signature of the principal:.....

Check List for Administration:

SN	Task	Yes	No	Pending	Remarks
1	Photographs of Ward -4nos Received				
2	Original TC Received				
3	Original Mark Sheet Received				
4	Original /Copy of Birth Certificate Received				
5	Copy of ID proof (Passport)				
6	Copy of Aadhar				
7	Copy of Visa /Residence Permit (Foreign Nationals)				
8	Duly signed Declaration Form				
9	Duly signed Family Profile				
10	Duly signed Medical Form				

Date:

Signature of Administration Incharge.....

Check List for Accounts:

SN	Task	Yes	No	Pending	Remarks
1	One Time Admission Fee -Received				
2	Refundable Deposit -Received				
3	1 st Installment School &Boarding -Recived				
4	Any other charges				
A					
B					

Date:

Signature of Accounts In charge:.....