



VANASTHALI PUBLIC SCHOOL

An ISO - 9001 : 2008 Certified

Sec-3, Vasundhara • Sec-10, Vasundhara • Preet Vihar, Delhi-92

APPLICATION FOR REGISTRATION

Application Form No. Rt. No. & Date : Admission No.:

Important : Please answer all questions and print the information clearly in BOLD, using black or blue pen.

Please affix latest
Passport size
photograph in colour

STUDENT

Please affix latest
Passport size
photograph in colour

MOTHER

Please affix latest
Passport size
photograph in colour

FATHER

General Information

I am / We are seeking admission in Class Session

At VPS Branch : Sec-3, Vasundhara Sec-10, Vasundhara Preet Vihar, Delhi-92

Personal Data of Student

Surname

First Name

Middle Name

Date of Birth Age as on 31st March 20__ Years Months Days

DD/MM/YY

Nationality SC/ST (Yes /No) Sex M/F

Permanent Address

City Pincode

Home Telephone Mobile

Present Address

City Pincode

Home Telephone Mobile

Health information

Allergy/Chronic ailment (if any) Physical handicap / disability (if any)

Any other health problem

Academic Background

Previous School

Board to which affiliated Year attended

Any outstanding achievements

Final Marks /Grade

English	Hindi	Maths	Science	Social Science
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Reason for leaving school _____

I want my ward to be associated with VPS because _____

My aspirations for my ward are _____

Parent's Information

	Father	Mother	Guardian
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/> Age <input type="text"/>	<input type="text"/> Age <input type="text"/>	<input type="text"/> Age <input type="text"/>
Educational Qualifications	<input type="text"/>	<input type="text"/>	<input type="text"/>
Organisation working for	<input type="text"/>	<input type="text"/>	<input type="text"/>
Designation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Office Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual Income	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail ID	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tel. No. (O)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tel. No. (R)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>

If parents are divorced, living separately or widowed, with whom is the child living :

Brothers / Sisters :

Name	Age	Institution	Class	Admission no. (if in VPS)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Transport School Bus facility required Yes No

Declaration: I hereby put my signature to confirm the above declaration.

Date

Place

Signature of Parent



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TRANSPORTATION FORM

Admission No.

Academic Session

We request that our son / daughter whose particulars are given below may be permitted to use the School bus for his / her journey from our home to the Vanasthali Public School.

(FILL IN BLOCK LETTERS)

Name of the Child

Surname

First Name

Middle Name

Date of Birth

Class

Section

Sex M/F

Please affix latest
Passport size
photograph in colour

STUDENT

Full Name of Father

Surname

First Name

Middle Name

Full Name of Mother

Surname

First Name

Middle Name

Full Name of Guardian

Surname

First Name

Middle Name

Permanent Address

City

Pincode

Home Telephone No.

Mobile No.

Emergency No.

Picking Stop. : _____ Dropping Stop : _____

DECLARATIONS

- We will pay the transportation charges according to the rates in force.
- 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.
- If our child misbehaves in the bus or is found deliberately damaging bus fittings, he / she will be debarred from availing the transport facility.

Signature of Father

Signature of Mother

Signature of Guardian

Date : _____ Place : _____

FOR OFFICE USE ONLY

Student's Name : _____ Class : _____ Sec. : _____

Bus Route No. : _____ Bus Stop : _____

Teacher - in charge :



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HEALTH RECORD

Admission No. Academic Session

Name of the child
Surname First Name Middle Name

Date of Birth Class Section Sex M/F Blood Group
DD/MM/YY

MEDICAL AILMENTS

Allergy to any food, medicine, Adhesive tape, bee sting etc.

Allergy	What happened	How Severe	Medication Taken at the Time of Allergy

• Does the child have any problem during physical activity? Yes / No

• Does the child suffer from any medical problem? Yes / No

(If the child suffers from any medical problem attach a copy of medical history)

Signature of Father

Signature of Mother

Signature of Guardian

To be certified by a Registered Medical Practitioner

Date of Physical examination	Height:	Weight:
B.P.:	Pulse:	Vision L: R:
Squint:	Conjunctive:	Cornea: Ear L: R:

Clinical Examination	Normal	Recommendation
Head / Neck		
Abdomen		
Surgery		
Serious Illness		
Nails		
Skin		

Summary of Current health condition : _____

Fit to participate in age specific physical activity

Fit to participate in age specific activity with precaution

Fit to participate in competitive sport

Name of the Doctor :

Signature of Doctor & Stamp

Admission No.

Academic Session

To,
The Principal
Vanasthali Public School
Sec-3, Vasundhara
Ghaziabad

Date:

Madam,

My son/ daughter _____ has been granted admission in your school in Class _____ on _____ Admn. No. _____

I understand that the admission is provisional till I deposit all the documents i.e. Photographs, Birth Certificate, Original Transfer Certificate & Photocopy of Report Card. I promise to do the same by _____ Otherwise the school authorities have full rights to cancel the admission.

Documents missing

- 1)
- 2)
- 3)
- 4)

Sincerely Yours

Name:

Address:

Contact No. :