



DE PAUL PUBLIC SCHOOL

Thodupuzha East P.O., Idudki, Pin: 685 585

Tel No. 04862 229155, Mob. No. 9446728000/9446438000

e-mail: depaulpublictdpa@gmail.com, www.depaulthodupuzha.ac.in

Application Form For Admission

Admission No.

Year

1. Name of Pupil :
(In Block letters as per Birth Certificate)
2. Gender : Male Female
(Mark the correct option)
3. Date of Birth :
(As per Birth Certificate)
4. Aadhar No. :
5. Passport No. (if available) :
6. Nationality : 7. Mother Tongue
8. Religion & Caste :(SC/ ST/ OBC/ GEN)
(Strike out which is not applicable)
9. Details of Parents :

	FATHER	MOTHER
Name (as per the student Birth Certificate)		
Educational Qualifications		
Occupation		
Contact Numbers and What's app Number		
E-mail ID		
Present Address		
Permanent Address		

Annual Income	Rs.50,000 – Rs.2,00,000/-	Above Rs.2,00,000/- to Rs.5,00,000/-	Above Rs.5,00,000/- to Rs.10,00,000/-	Rs.10,00,000/- and above
Whether PC or Laptop is available at Home with internet connection	Yes / No			
Whether the parents / guardian monitors the internet usage of the child	Yes / No			
No. of vehicles owned by parents	2-Wheeler		4-Wheeler	
Name of Guardian				
Name of person to contact in emergency with his/ her phone no.				

9. Class to which Admission is sought :
10. Name of the school last attended :
11. Reason for leaving the previous school :
12. Syllabus followed : CBSE / ICSE / STATE
13. Name of siblings studying in this school :
with class
14. Two identification Marks
1.....
2.....
15. Blood Group :

Does candidate belong to minority community	Yes / No	French	<input type="checkbox"/>
Whether the candidate is an only child	Yes / No	German	<input type="checkbox"/>
Does candidate have any Learning Disability	Yes / No	Spanish	<input type="checkbox"/>

Stream to which admission is sought for Plus One and Plus Two

Maths Stream	Biology Stream		Other Options
MS_1	BS_1	BS_2	
English History Economics Sociology Maths./Info. Pract.	English Physics Chemistry Biology Maths.	English Physics Chemistry Biology Computer Science	Political Science Psychology Mass Media Media Studies Food nutrition & Dietetics Fashion studies

Humanities Stream		Commerce Stream	
HS_1	HS_2	CS_1	CS_2
English History Economics Sociology Maths./Info. Pract.	English History Economics Sociology Legal Studies	English Economics Accountancy Business Studies Maths.	English Economics Accountancy Business Studies Computer Science
First option <input type="text"/>	Second option <input type="text"/>	Third option <input type="text"/>	

Details regarding qualifying examination

Name of Examination	CBSE	ICSE	SSLC	Others
Register number				
Month & year of passing				
Medium of instruction				

16. Information about the child Health & Fitness

a. Did your child have any of the following ailments in the past (mark the appropriate)

Measles	Malaria	Goiter/Thyroid	Eczema	Meningitis	Asthma	Discharging ears	High Blood Pressure
Diabetes	Chickenpox	Allergies	Epilepsy/Seizures	Poliomyelitis	Pleurisy	Tuberculosis	Typhoid Rubella
Mumps	Jaundice	Tonsillitis	Rheumatic Fever	Heart Murmurs	Kidny Stones	Bladder or Kidney infection	

b..Other Specific systemic Illness (If any):

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NOTE: If a child suffers from above mentioned any ailments, kindly submit photocopies of health records and treatment being administered. This should help the school to understand his/her illness better and should help in better management of the child as and when required.

MEDICATION PERMISSION

I give my consent to the school nurse to administer over the counter medication for the common ailments. I am conscious of the fact that medication rarely may produce unwanted side effects.

YES NO

EMERGENCY PERMISSION

I give my consent for emergency measures to be taken in case of an emergency arising due to an accident/violent injury/medical /surgical emergency with the understanding that I (the father / the mother / the guardian of the student)shall be notified/informed as soon as possible. The school will accept no responsibility for any unforeseen incident that may occur due to the administration of medicine / treatment in both emergency situations, though necessary precautions are taken.

Signature of Mother

Signature of Father

Signature of Guardian

DECLARATION

I, the parent of
Declare that I have gone through the rules and regulations of the school and I undertake that my ward will abide by them.

Signature of Mother

Signature of Father

Signature of Guardian

Date:

FOR OFFICE USE ONLY

Admission Granted	Class in Which Admitted	Admission No.	Date of Admission	T.C.No. & Date <small>(issued by previous School)</small>
YES / NO				

e-mail id.....

e-mail id.....

SIGNATURE OF THE PRINCIPAL

Please Note : Kindly attach **Photocopies of Birth Certificate, Aadhar Card, Progress Report of previous year** (admission to Class II and above), **Passport and original Transfer Certificate** issued by previous school) along with school admission form.