



International Public School

AFFILIATED TO C.B.S.E.

VPO Machhrauli, Samalkha-132101 (Panipat)

☎90380 00045 | E-mail : ipscbdd@gmail.com | Visit : www.ipspanipat.in

Session : 20____ - 20____

CLASS _____ SECTION _____



REGN. NO. _____

ROLL NO. _____

NAME _____

CLASS _____ SECTION _____

MOTHER'S NAME _____

FATHER'S NAME _____

RESIDENTIAL ADDRESS _____

CONTACT NO. _____



International Public School

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REGISTRATION / ADMISSION FORM



For Office Use Only

Registration No. : _____ Admission No. _____

Date : _____ Class : _____

Receipt No. : _____ Section : _____

ISSUE OF REGISTRATION FORM DOES NOT GUARANTEE ADMISSION AS SEATS ARE LIMITED.

TO BE FILLED IN BLOCK LETTERS

Please register the name of my ward for admission to Class : _____ in your school.

PARTICULARS OF STUDENTS

Child's Name in Full _____

Date of Birth (in Figures)

(In Words) _____

Age (as on 1st April 20____) Years _____ Months _____ Days _____

Nationality of Child _____

Religion _____

Gender Male Female

Category Gen OBC SC BC Other

PARTICULARS OF PARENTS

Father

Mother

Name _____

Occupation _____

Designation _____

Annual Income _____

Organization Name & Add. _____

Academic Qualification _____

E-mail _____

Phone Numbers _____

PARTICULARS OF GUARDIAN

Name : _____
Occupation : _____
Designation : _____
Annual Income : _____
Organization Name & Add. : _____
: _____
Academic Qualification : _____
E-mail : _____
Phone Numbers : _____
(O) _____
(R) _____
(M) _____

ADDRESS

Home Town : _____
State : _____
Country : _____
Nearest Railway Station/Airport : _____
Address (Permanent) : _____
: _____
: _____
: _____
(Present) _____
: _____
: _____
: _____

Details of any real brother or sister studying in IPS :

	Name of the Child	Admn. No.	Class/Sec.	Remarks
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Any other information
Staff Child (Mention the name of the parent(s) working at (IPS)

Details of the Previous School attended :

Name of the School	Medium of Instruction	Aggregate marks (%)	Previous Class Passed /Studying

Subject : [For Class 11th Only] (Arts/Commerce/Medical/Non-Medical/Agriculture)

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Any Special areas of development sought : _____

Careers considered :

PARTICULARS OF GUARDIAN

IInd Language	Hindi	French	Japanese	
IIIRD Language	Sanskrit	French	Japanese	German

DECLARATION

- i) I know that registration fee is non-refundable & I fully understand that registration is not binding for admission. It may be given only when suitable vacancy exists and child's performance in the test is satisfactory as per the school norms.
- ii) In case my child is admitted, the school may make arrangements for inoculations against Typhoid and Cholera & vaccination against Small Pox to my child by school doctor.
- iii) I have made careful note of various details regarding the payment of school fee. I have made satisfactory arrangements for remittance of school fee within due date waiting for reminder from the school. I will pay the school fee through crossed Cheques/Drafts in favour of the "International Public School" as per rules. Withdrawal of students after remittance of full fee in school account would be the sole discretion of the guardian. I fully understand that the fee will not be refunded.
- iv) I hereby certify that the date of birth and spellings of name of my child/ward given in this form are correct to the best of my knowledge and shall not make any request for change.
- v) I hereby certify that in case I do not claim the Caution Money paid by me for a period of two years after my ward leaves the school, the amount may be treated as donation to the school and my right over refund of this amount will stand relinquished by me.
- vi) I understand that rendering false or misleading information or withholding correct information may disqualify the child for admission/education at this school.
- vii) I certify that I am the bonafide guardian of the child.
- viii) Having read carefully the rules, regulations and procedures laid down in the school prospectus and being desirous of having my child/ward educated in International Public School, I hereby agree to abide by them in all respects. I understand that the decision of the management of the school shall be final and binding on me.

ix) I hereby certify that my ward and myself shall follow all the rules, regulations and procedures laid down by school from time to time.

I hereby put my signature to confirm the above declarations.

Date : _____

Place : _____

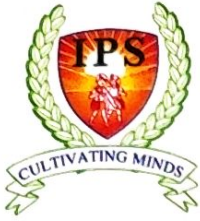
Address : _____

Signature of Father

Signature of Mother

Kindly attach :

1. Birth Certificate from Municipal Committee/Last School attended.
2. School Leaving Certificate.
3. Original Marks Sheet/Report Card.
4. Three passport Size Photographs each of Student, Father, Mother, Guardian and Escort.
5. Medical Form duly filled in and signed.
6. Transportation Form duly filled in.
7. Copy of Adhaar Card of father, mother & student.
8. Copy of Family ID.



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MEDICAL FORM

FOR OFFICE USE ONLY

Student's Name : _____

(As per previous school records)

Student's
Photograph in
School Uniform

Gender :

Male

Female

Age

Height

Weight

Class to which admitted : _____

Name of the Parent : _____

Address for Correspondence : _____

PIN _____

Telephone Office : _____

(with ISD) Residence : _____

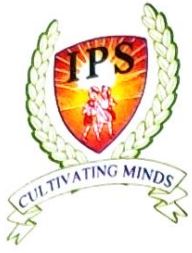
& STD Code) Mobile : _____ E-mail _____

Is your child medically fit

Yes

No

Signature of Parents



International Public School

AFFILIATED TO C.B.S.E.

TRANSPORTATION FORM

Registration No.

(Use Capital Letters Only)

We request that our son/daughter/ward whose particulars are given below may be permitted to use the school bus for his / her return journey between _____ and International Public School w.e.f. _____ in the event of his/her admission to the school.

INFORMATION OF CHILD

First Name Last Name

Gender: Male Female Date of Birth

Age: Class Section

Home Address _____

Mobile (Residence) _____

Phone (Office) _____ Emergency/Mobile No. _____

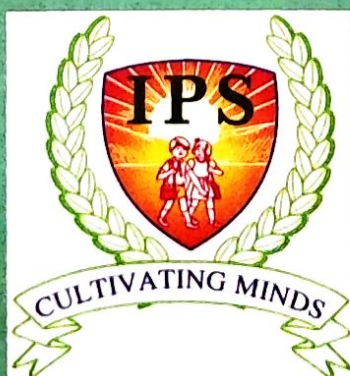
Declaration :

1. We undertake to pay the bus fee according to the rules in the force from time to time.
2. We understand that it would be our responsibility to drop and pick-up our child at /from the specified bus stop.
3. We accept that the bus facility is extended to our ward at our own risk and responsibility.
4. We understand that our ward will be allowed to travel in the bus only if seat is available on the route.
5. We have read and do hereby consent to the terms and conditions regarding transportation.

Date _____

Signature of Father/Guardian

Signature of Mother/Guardian



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