

DAFFODILS PUBLIC SCHOOL, SITAPUR, SURGUJA, CHHATTISGARH 497111

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URL: www.daffodilssurguja.com

APPLICATION FORM

Affix photo of Father

Affix photo of Mother

Affix photo of Student

Admission required for : _____

Note : Please use capital letters only.

We, _____ and, _____ wish
to admit our son/daughter/ward whose particulars are given below as a day scholar at Daffodils Public School.

A. INFORMATION OF THE CHILD

First Name

Middle Name

Last Name

Gender

Date of Birth (in digits)

Date of Birth (in words)

Blood Group

Religion

Caste

Category SC/ST/OBC/GEN

Nationality

Aadhaar

Languages Known

Mother Tongue

Residential Address

Correspondence Address

Father's Mobile No.:

Mother's Mobile No.:

E-mail ID:

E-mail ID:

IN CAPITAL LETTERS ONLY

Distance from School [in kms]

Preffered Phone No. for School SMS

Emergency Contact No. [Res/Mobile]

Name of the Person to be contacted at emergency

Relationship with the Person

FAMILY INFORMATION

Father/Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Annual Income:	Tel:	
Aadhar No :		

Mother/Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Annual Income:	Tel:	
Aadhar No :		

Single Parent:

Tick one, only if applicable

Father	Mother
If child is sponsored (Name of sponsoring agency)	
Permanent Address:	

Details of Brothers / Sisters of the student

Name	Age	Name of the Institution	Standard
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Incase of staff ward:

Name of the parent:

B. DETAILS OF PREVIOUS STUDY

Year	School	Standard/Grade	Grade/Marks obtained in final exams
<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"/>

The previous school affiliated to: SSLC CBSE ICSE OTHER

Awards won so far in sports, arts or academics

MEDICAL HISTORY OF THE CHILD

BIRTH HISTORY :

Birth Details : Normal Caesarian Forceps

Birth Cry : Immediate Delayed

Discharge from Hospital : _____ (Number of days)

Specialize care given in the hospital : Yes No

If Yes, NICU : Extended hospital stay

Explain: _____

HEARING :

Any difficulty observed : Yes No

Any Consultation with doctor done : Yes No

If Yes, Explain: _____

VISION :

Any Consultation with doctor done : Yes No

Use of Spectacles/Corrective Lenses : Yes No

MOTOR MILESTONES (Approx Months) :

Sitting : _____

Standing : _____

Walking : _____

Speech : _____

Any medication taken for any medical conditions, Such as attention deficit / thyroid (hypo/hyper)/any other condition :

Any Medication taken for general well being :

Any Allergy / any medical information that school should be aware of :

C. ENCLOSURES (All documents are mandatory at the time of admission)

- Birth Certificate
- Transfer Certificate - original copy (if applicable)
- Vaccination Card Copy
- Blood Group Report
- Passport size photos of child (5 copies)
- Passport size photos of parents (2 each)
- Aadhar card copy of parents & child
- Copies of progress report cards for the last 3 years
- Community Certificate : for Scheduled Castes, Scheduled Tribes or Backward Communities

The above documents (recently attested photocopies) must be produced along with the filled application form.

- Transportation Form (if Required)

Please note: Staple all documents to the top left-hand corner of the application

D.MISCELLANEOUS

How did you hear about the **DAFFODILS PUBLIC SCHOOL?**

Name of news paper	Website	Name of the Magazine	Others (please specify)/ hoardings/pamphlets/ word of mouth/ catalogue
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DECLARATION

I, _____ have the authority to admit my child /ward _____, into the school as the parent/ legal guardian. I undertake the responsibility of providing any evidence needed to support the information provided here, if necessary for any reason. I declare that the statements provided in this application are correct to my knowledge and if found otherwise, I fully understand the consequences of giving false information. If the information is found to be false, I shall be liable for prosecution and punishment under Indian Penal Code and / or any other law applicable thereto. I shall abide by the decision of the management. I agree to abide by the rules. regulations and the fee structure of the school.

hereby declare as under

1. That _____ is my son /daughter, who was born on _____ (in words _____).

2. That my Son/Daughter _____ can read, write and speak in Hindi very well and my mother tongue is "HINDI". That it is my true statement.

Date:

Signature of Applicant

Place:

Name of the Applicant

(Parent)----- I, hereby declare that the information provided above is true and correct to the best of my personal knowledge, information and belief.

Place :-----

Applicant's Signature (parent) -----

Date :-----

Applicant's Name : -----

For DAFFODILS PUBLIC SCHOOL office use only

APPLICATION FORM NO. _____

TEMPORARY ADMISSION NO. _____

Admission Co-ordinator

Head of the Institution

Date _____

Date _____

Self Declaration for distance between school and residence

Ward's Walking distance from residence to school is (in kms) _____

I father/Mother of bearing Enrollment No. Declare that the radial distance between school and our residence iskm.

I also declare [if applicable] that if my child does not require any arrival and departure assistance provided by school, the school is free to leave him/her at the time of SCHOOL LEAVE. After school is over it is fully my own responsibility to know about the child's location.

Date:.....

Signature of the parent

I also declare that if my child does not require any arrival and departure assistance. He/She is to be received by

1.[Person Name] _____ Aadhar No. _____

Mobile Number _____ Relation with the Ward _____

Relation with ward's parents _____

2.[Person Name] _____ Aadhar No. _____

Mobile Number _____ Relation with the Ward _____

Relation with ward's parents _____

Paste Passport
photo of the
authorised person

Paste Passport
photo of the
authorised person

1. Signature of the authorised person

2. Signature of the authorised person

Date:.....

Signature of the parent

TRANSPORT APPLICATION FORM

We request that our child be permitted to use and avail the transport facility provided

by the school with effect from _____

Please tick [✓] any one option : pick up only _____ Drop off only _____ Pick up and Drop off _____

Name of the Student _____

Class and Section _____

Correspondence Address _____

Contact details:

Contact Person	Mobile Number	Office Number	Home Number
Father			
Mother			
Guardian/Neighbor			

a) Approximate distance between school and home (in kms) _____

b) Pick up point of the Student _____

c) Drop off point of the Student _____

d) Person in charge of collecting the ward from the Pick Up/ Drop off Point _____

Aadhar No. _____ Contact _____

REGULATORY

- a) While it is not feasible to pick up and drop the students from their doorsteps, we do try and accommodate the nearest bus stop for everyone keeping in mind the timings and the bus route.
- b) Parents are requested to ensure that their ward is punctual, arriving at the pick up point 10 minutes prior to the arrival of the school bus.
- c) Students upto class 3 will be handed over only to the parents/guardian/authorised person, having an attendant card issued by the school.
- d) In the absence of the authorised person, the ward will be brought back to the school premises and will have to be collected by the parents/authorised personnel only.

- e) The school should be informed about any change of address and contact number, immediately to avoid inconvenience.
- f) Bus facility will be immediately withdrawn from the student if he/she is found in violation of any rule and/or failure to maintain appropriate decorum while traveling in the school bus. The Bus Facility would also be terminated if dues are not cleared on time.
- g) The School Transport service is an obligation and not a compulsion. The school management reserves the right to discontinue the same at will.
- h) The School can change Pick Up/Drop Off location at any time (with prior notification) as per bus routing requirements to serve the interests of the majority.

DECLARATION

- a) While I/We expect the school authorities to exercise reasonable precautions to avoid any injury/accidents, I/We do understand that the School has no financial obligations towards the injury/accidents that may occur while the child is traveling in a school transport.
- b) I/We understand that in the event of a medical emergency, every effort will be made to notify parents/guardians as soon as possible.
- c) I/We have read all the rules and provide consent to all the rules, terms and conditions regarding school transportation.

Mother's Name _____ Signature _____ Date _____

Father's Name _____ Signature _____ Date _____

IRREVOCABLE BANK GUARANTEE

We, _____ Bank, having its Branch at _____ [hereinafter to be referred as 'BANK'] do hereby issue this Irrevocable Bank Guarantee at the request, upon application and on behalf of Mr./Ms. _____, S/o /D/o _____ [hereinafter to be referred as 'STUDENT'] in favour -----, represented by its Principal, ----- campus, -----, District, Surguja [hereinafter to be referred as 'BENEFICIARY']. WHEREAS the above named Student got admitted into DAFFODILS PUBLIC SCHOOL, SITAPUR for the academic year ----- for the duration of full course in the Beneficiary Institute and paid the 1st installment in Rs. -----/- and is also obligated to pay the balance fee of Rs.-----/- for the remaining period of studies. WHEREAS as per the conditions for admission, the Student is required to furnish an Irrevocable Bank Guarantee to the Beneficiary from any Nationalized Bank to protect the interest of the Beneficiary in the event of any default of the Student in payment of balance fee during the entire course. Hence in the event of default on the part of the Student in payment of balance fee of Rs.-----/- or any part thereof during the balance course period of studies, the Bank on behalf of the Student hereby irrevocably, unequivocally and unconditionally agrees and undertakes to pay forthwith the said sum of Rs.-----/- or part thereof to the Beneficiary without any condition, protest, demur or proof and without reference to any consent of the Student and irrespective of and notwithstanding any contest/objection from the Student or the existence of any dispute between the Student and the Beneficiary upon the Beneficiary invoking this Bank Guarantee with the Letter of Invocation by surrendering this Original Bank Guarantee to the Bank. The Bank agrees to make the payment of invoked amount to the Beneficiary simultaneously on the Beneficiary submitting the Letter of Invocation along with Original Bank Guarantee. The Bank further agrees that this Guarantee shall constitute an independent and autonomous contract between the Bank and the Beneficiary and shall not in any way be affected by any dispute or difference between you viz., the Beneficiary and the Student of whatsoever nature.

Finally, the Bank confirms that a mere letter from the Beneficiary that there has been a default on the part of the Student in payment of the fees, shall without any other or further proof be final, conclusive and binding on the Bank to treat the same as a valid invocation and for making the simultaneous payment of the demanded amount upto the maximum of Rs.-----/-. This Bank Guarantee shall remain in force upto ----- and all claims should be received by the Bank on or before the said date.

THE BRANCH MANAGER, _____
BANK, _____
BRANCH _____