



# INTERNATIONAL PUBLIC SCHOOL

Hoshangabad Road, Misrod, Bhopal

Affiliation No 1030204

## ADMISSION FORM

Scholar No.: \_\_\_\_\_

Form No.: \_\_\_\_\_

### Day Scholar

☐

### Boarding

☐

Affix recent  
Photograph  
of the Child

Affix recent  
Photograph  
of father/Guardian  
of the Child

Affix recent  
Photograph  
of Mother  
of the Child

**I wish to admit my ward in IPS, in class ..... session 20..... - 20.....**

Name of the Student : .....

Date of Birth (in figures) : ...../...../..... Aadhar No.: .....

(in words) : .....

Category : General ☐ SC ☐ ST ☐ OBC ☐ SSSM ID .....

Institution last attended : .....

Medium of Instruction : ..... Mother Tongue : .....

Gender : Male ☐ Female ☐ Religion : ..... Nationality : .....

Internet Connection : Yes ☐ No ☐ E-mail : .....  
(at home)

Transport: Bus ☐ Walker ☐

Correspondence Address : .....

Permanent Address : .....

### List of Documents

D.O.B. Certificate ☐

Transfer Certificate ☐

Photographs of Child-4 ☐

Photographs of Parents-2 [Both] ☐

Previous year Passing Report Card/Marksheet ☐

Identity proof (Aadhar Card) of Parents (Mother/Father) & Child ☐ ☐ ☐

SSSM ID ☐

Certificate of achievements (if any) ☐

### Medical History (If required may attach separate sheet for the same.)

Please specify major illness, Allergies, Learning Disorder and Medical History (if any) .....

Parent's Information	Father/Guardian	Mother
Name :	.....	.....
Qualification :	.....	.....
Occupation :	.....	.....
Annual Income :	.....	.....
Office Address :	.....	.....
Contact No (Whatsapp). :	.....	.....
Email ID: :	.....	.....
Aadhar No. :	.....	.....

### Medical Information (Immunization Status)

BCG☐ Typhoid☐ Measles☐ OPV☐ Booster OPV☐ MMR☐ Booster DPT☐ DPT☐ Other .....

I, Dr ..... have verified the Medical Information of the Child. He/She is medically fit to be admitted in the School.

Precautions .....

**Signature of Doctor**

### Areas in which you can contribute towards the enrichment of the school

(Please put a tick against your choice)

Academic <input type="checkbox"/>	Art & Craft <input type="checkbox"/>
Sports <input type="checkbox"/>	Dramatics <input type="checkbox"/>
Personality Develoment <input type="checkbox"/>	Dance/Music <input type="checkbox"/>

### Certificate From Parents

I hereby certify that to the best of my knowledge, the information furnished in this form is complete in all respect. I very well understand that misrepresentation or omission of the facts will justify the denial/cancellation of admission or expulsion at any stage

### Details of Siblings (Not Cousins)

Sr.No	Name of Child	Age	Education Level	Current School/Instituion
1	.....	.....	.....	.....
2	.....	.....	.....	.....

Name of the Parent/Guardian/..... Signature with date.....

### Indemnity Bond

I/we hereby indemnify the school and school authorities against any injury/harm/loss of life during course of stay of my/our ward in the school or hostel or during school activities on account of any mishap that may be caused inadvertently.

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

Report of admission process				
1. Adm. test	Marks obtained	<input type="text"/>	Recommended	<input type="text"/>
2. Interview	Marks obtained	<input type="text"/>	Not Recommended	<input type="text"/>
	Total	<input type="text"/>	Recommended by	<input type="text"/> Sign.

House Allocated ..... Date ...../...../.....

(by School)

**Principal**