



REGISTRATION-CUM-ADMISSION FORM

- Use only BLOCK LETTERS and BLACK BALL POINT PEN while filling up the forms
- Place a ✓ mark in the appropriate box

Academic Year _____

For Office Use:

Regn. No.	Date
Admn No.	Date

Admission To Class

PASSPORT SIZE
RECENT COLOURED
PHOTOGRAPH TO
BE PASTED HERE

Transport Facility Bus No Bus Stop

Day Scholar Boarder/ Hostler

A. STUDENT'S PERSONAL DATA

- Name: First _____ Middle _____ Family/surname _____
- Date Of Birth _____ (Date) _____ (Month) _____ (Year) _____ Place Of Birth _____
- Gender: Boy Girl
- Religion _____ Whether Belong To : SC ST OBC GEN
- Language Commonly Used At Home _____ Proficiency In Any Other Language _____
- Mother Tongue _____
- Present Home Address: House No. _____ House Name _____ Street _____
City _____ District _____ State _____ Pin Code _____
Land Mark _____
E-mail Id _____ (all Caps) Mobile No _____ / _____
- Permanent Address: House No. _____ House Name _____ Street _____
City _____ District _____ State _____ Pin Code _____
Land Mark _____ Mobile No. _____ / _____
- Name Of The Sibling Studying at RPS: _____ Class _____ Admn.No. _____
- Student's Area Of Interest: Sports: _____ Level of Achievement _____
Other Activity _____ Level of Achievement _____
- Languages Studying / Studied: _____
First Language _____ Second Language _____ Third Language _____



B. ACADEMIC/ SCHOOL DETAILS

Name of the School/s Last Studied	Year Attended		Class		Percent/ Grade Obtained	Subjects Studied	Medium of Study
	From	To	Entry	Exit			

C .PARENTS' DETAILS

Father	Mother	Guardian (Boarder/ NRI Student)
Name	Name	Name
Mobile No.	Mobile No.	Mobile No.
E Mail	E Mail	E Mail
Academic Qualification	Academic Qualification	Academic Qualification
Occupation	Occupation	Occupation
Name of the Employer (Central/ State/PSU)	Name of the Employer (Central/State/PSU)	Name of the Employer (Central/ State/PSU)
Designation	Designation	Designation
Office Address	Office Address	Office Address
Annual Income	Annual Income	

NOTE: If the Parents are separated or divorced, please specify whom the child is staying with and which parent will take the responsibility of the child while at RPS in the Remarks area. In such cases the documents specifying the legal custody of the child from the appropriate authority should be submitted.

Remarks _____

I declare that Master/Miss _____ is staying with me and under my custody and I am wholly responsible for my ward and shall pay School fees and dues.

Name of Father/Mother/Legal Guardian _____ Signature: _____



D. MEDICAL HISTORY

Name _____ Class _____

Height _____ (cm) Weight _____ (Kg) Blood Group _____

The Medical History of the child is as follows:

Vaccinations: The following vaccinations are required for children attending RPS.

(Please provide details of the vaccinations done)

Vaccination Name	YES	NO	Date of Vaccination
1. DTP	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
2. Polio	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
3. MMR	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
4. B.C.G	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___

Known Allergies:

Please provide details if your child has any allergy:

Certified that I have examined Master / Miss _____

son/ daughter of Mr. / Mrs _____

and that he / she is medically fit / unfit for admission in the school/ Hostel.

Date: _____ Name of Physician _____

Place: _____ Signature of Physician _____

Registration No. & Seal _____



E. DECLARATION BY THE PARENTS/GUARDIAN

I/ We declare that the above mentioned information provided by me/ us is true to the best of my / our knowledge and I/we shall be responsible for any misleading information. I/we have read the terms and conditions of admissions and shall abide by the school rules & regulations. I/We shall strictly follow the Discipline Code of the school. I/We also understand that my child will be expelled from the school if he/ she is found breaking school Discipline code and I shall not hold the school responsible for any damage or loss.

Signature of Mother _____ Signature of Father _____

Signature of Local Guardian _____

Recent colored stamp size photo of Father

Recent colored stamp size photo of Mother

Recent colored stamp size photo of guardian (if any)

FOR OFFICE USE ONLY

Registration Fee _____ Date of Interaction _____

Observations of the interaction : EXCELLENT GOOD AVERAGE

HM/VP'S Comment: _____

CEO's Comment: _____

Admission Status: GRANTED REJECTED CLASS

Signature of CEO

Date _____

Date of submission of TC/ Birth certificate _____ Sign. of Receiver _____

Bus Stop _____ Sign. of Transport I/C _____

Allotment of Hostel Room No. _____ House _____ House Master's sign _____

Admission Fee Details _____ Sign of Accounts Clerk _____

Second language Offered _____ Third language Offered _____ Sign of HM _____



UNDERTAKING/ DECLARATION BY PARENT / GUARDIAN

1. I/ We, have read the prospectus of the school/ Rules and Regulations and hereby undertake that we shall abide by the same and request that my/our ward, named in the form, be admitted to the School.
2. I/ We will abide by all the rules and regulations being enforced from time to time by the School authorities.
3. I/We also understand that the registration fee is non-refundable and submission of the form does not guarantee admission to any class in RPS.
4. I/ We shall pay the School Fee of my/our ward on due dates as mentioned in the prospectus, and I/ We hereby understand that once the fee is deposited, I cannot claim for any refund .
5. I/ We agree that tuition / hostel fee etc. would be automatically linked with rise in the price index etc. and may be required to be raised in the beginning of the subsequent academic session as determined by the School Management.
6. In the event of my / our ward being admitted, we shall be responsible for his / her conduct and undertake to pay for his / her fee during his /her period of study in the School.
7. We will withdraw our ward from the School or in the event of our inability to pay his/ her fee on time or due to his / her unsatisfactory academic performance or due to his / her behavioral disturbance causing concern to the school environment.
8. I/ We understand that the allotment of Bus route, House, Room and Section of the class comes under the administrative affairs of the School. I will not make any request to put my ward in a particular House, Room or Section of the class.
9. The ward is not suffering from any contagious, constitutional or hereditary disease or infirmity. He/she does not have any physical deficiency/shortcoming which may come in the way of his participation in all School activities, including games/ sports/ adventure activity.
10. I/ We will not hold the School responsible for any accident/ mishap caused to my ward during the course of any game/physical training/ camps, parade or tour, excursion or hike, or during the journey for going to perform any such activity or during travel under School arrangement for vacations or for any other purpose.
11. Unless otherwise stated by me in writing my ward may not be permitted to travel alone for going home during vacation or leave.
12. I/ We will make good any loss or damage made by my ward to any School property, during his / her stay in the School.
13. I/ We will not request for the change of name of my ward, his / her date of birth or my name, after the registration.
14. I/we assure you that my ward will not indulge in Ragging/ bullying of any student and if he / she does so, he / she may be expelled from the School and disciplinary action may be initiated against him / her as per the prevailing Act
15. I/ We understand that my ward may be expelled from the School/ hostel for any of the following acts:
 - Using unfair means in any examination.
 - Consistent unsatisfactory progress.
 - Immoral conduct.
 - Grave insubordination.
 - Stealing or extortion of money and / or items from other students.
 - Contempt of authority.
 - Leaving the hostel or school premises without prior permission.
 - Damaging School property.
 - Any word or action likely to undermine the reputation of the institution.
 - Bullying, hazing, assaulting and any act of ragging.
 - Smoking, drinking alcohol & use of other psychotropic drugs and substances.
 - Sexual activity
 - Possession of alcohol and Narcotic/ psychotropic drugs without proper medical prescription



13. If my / our ward leaves the School campus without permission, the School authorities may lodge a complaint with the local police station and I / We will have no right to question and raise objections to this action. The School will not be responsible for any mishap in such circumstances.
14. I / We shall ensure that my ward will report punctually to the School on the opening days specified in the School Calendar failing which he / she exposes himself / herself to disciplinary action (including withdrawal)
15. I / We shall ensure that my ward does not carry any eatables, cash, electrical gadgets, mobile phones, flash (pen drives) or any other costly items to the hostel & school.
16. I / We & my / our family shall visit my / our ward at the hostel only on the days specified in the Visiting Schedule for the Parents / Local Guardians.
17. I / We will not visit the rooms of the students without taking proper permission from the Principal / Vice Principal / Head of Boarding.
18. I / We assure that I / We will extend full co-operation to the School authorities in the interest of my ward.
19. I / We have read the rules and regulations of Rungta Public School, Bhilai, and agree to abide by them. If, in spite of normal precautions taken by the school any mishap, accident, injury or death takes place during the period of my/ our ward's stay in the school and hostel or if any when he / she joins a tour, excursion, sports activities or camp or during travel by school bus to home/ school I / We will not hold the school or any member of its staff responsible for it
20. I / We declare that any dispute / litigation against the school shall be filed within the jurisdiction of the school and not elsewhere and on the School Administrator not by name.

Father's Signature _____ Mother's Signature _____ Guardian's Signature _____

Name _____ Name _____ Name _____

Place & Date _____ Place & Date _____ Place & Date _____

(Parents / Guardians may keep a photo copy of this for their record)

Enclosures: You are requested to enclose the following documents with the completed forms

- 4 nos. recent stamp Sized Colored photo (1 photo to be pasted on the Form)
- 2 nos. Parents'/ Guardian's stamp size Photograph (1 photo of each parent to be pasted on the Form)
- 2 nos. Local Guardian's Stamp size photograph (In case the child is admitted in the Hostel)
- Date of Birth Certificate.
- Copy of the previous two years Annual Report Card & Half yearly Report Card of the Current class.
- School Leaving Certificate and Report Card of the previous class and any other co-curricular certificates
- Copy of Board's Result/ Marks Slip (For Class XI)
- Copy of the Aadhar Card.