



D Y PATIL
HIGH SCHOOL

AMBI, PUNE

APPLICATION FOR ADMISSION

Name of Student

Age: Years + Months

Office Use Only

Date of receipt of application

Date of admission meeting (if applicable)

Status of application (with dates)

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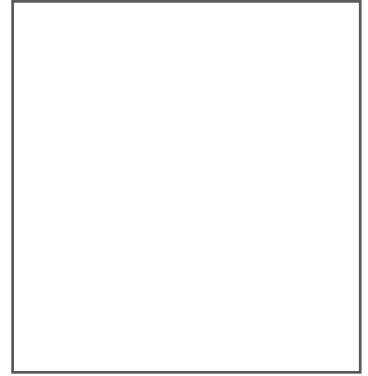
Declined

Waitlisted

Admitted

APPLICATION FORM FOR ADMISSION

Personal Information



Student's Name

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Surname

Name

Middle Name

Gender

Nationality

Nationality

Date of Birth

DD/MM/YYYY

Seeking admission to class

Home Address

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House No., Floor & Wing

Building Name

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Street Name

Area

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City

Pincode

Home Telephone Number

Family Information

<i>Father's Name</i>	<i>Mother's Name</i>
<i>Company Name</i>	<i>Company Name</i>
<i>Designation</i>	<i>Designation</i>
<i>Office Telephone</i>	<i>Office Telephone</i>
<i>Mobile No.</i>	<i>Mobile No.</i>
<i>E-mail id</i>	<i>E-mail id</i>

Siblings

<i>Name</i>	<i>Gender</i>	<i>Date of Birth</i>
<i>Name</i>	<i>Gender</i>	<i>Date of Birth</i>

Permissions

1. Occasionally the school will visit locations in the immediate vicinity of the school. I hereby consent to my child taking part in these visits. All school activities will be undertaken under appropriate supervision.
2. I understand that Physical Education lessons can take place in the school garden and other nearby venues.
3. I consent to the use of my child's images, photographs and other material to display children's work and to raise the profile of the school.
4. By joining and attending D. Y. Patil High School, I agree to uphold the school's values and guidelines, outlined in the parents handbook.

I agree and consent to the above

Date

Signature

Student's Educational Background

We accept all students who can benefit from our academic programme. However, DYPHS reserves the right to refuse admission where we feel our programme or infrastructure cannot meet the needs of the candidate student. The questions below will help not just in admission, but also for the teacher to know the student better and to prepare for their arrival.

If applicable, please include copies of the last school report and any educational certificates that your child has received. Incorrect or incomplete information provided may result in the termination of admission.

Last School Attended

Address including e-mail

Year(s) Attended

Language of Instruction

Languages studied	Grade level(s)	Lessons per week
<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"/>

Learning Support/Special Educational Needs in school Yes No

If yes, please give details, including length of programme, type of support, etc.

Has the child previously been assessed or received support/therapy for the following

Assessment by an Educational Psychologist Yes No

Assessment by a Speech Therapist Yes No

Learning support outside school Yes No

Occupational Therapy Yes No

If yes, please provide copies of assessment reports.

Student's Health Background

Blood Group

Allergies

Long-term ailments

Will you be providing any special medication for use in school? If yes, please give details,

Does your child have any physical disabilities?

Yes

No

If yes, please give details below

Additional contact in case of emergencies.

Please provide a contact person in addition to the parents/guardians

Name

Address including E-mail

Telephone number(s)

By completing this form, we acknowledge that in the case of an emergency when parents/guardians are inaccessible, we grant permission to obtain immediate appropriate medical help for our child on the understanding that we will be notified as soon as possible.

Signature of parent(s)/ Guardian(s)

Place and Date

Special skills/ any further details

Please provide any details that may be of relevance to this application

Fees

The following fees are payable on confirmation of a seat:

1. Non-refundable deposit to secure admission. This deposit will be adjusted against the first instalment of fees.
2. Annual Membership fee per family.
3. One-time Admission Fee.
4. School Fees - invoiced before the school year starts.

**Name that should appear
on the Invoice**

Document Checklist

The following documents should be attached with this application

1. Age verification : Copy of Passport ID page & Birth Certificate
2. Passport copy of both parents
3. A passport sized photograph
4. Primary school applications : previous year's report card
5. Secondary school applications : previous two years report cards / Half and Full term
6. All supporting documents in case of Special Educational Needs, Assessments or Therapies that will support the child's application.

Admission Details and Notes

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Class of Entry

Start Date

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Signature and Stamp of Principal

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**Talegaon MIDC Road,
S.No. 124 & 126,
At Post Ambi, Talegaon Dabhade,
Pune - 410 506**

**For more information
Call : 8039 591 307
E-mail : highschool@dypatil.edu**