



RUNGTA PLAY SCHOOL

Bungalow No. 35, Malviya Nagar, Durg (C.G.) 491001

Contact Numbers: 92293-44468, 0788-6009001, 6009002, rpsdurg@rungtapublicschool.ac.in, www.rungtapublicschool.ac.in

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
- Write NA if the point is not applicable

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

A. STUDENT'S PERSONAL DATA

- 1) Name: First _____ Middle _____ Family/surname _____
- 2) Date Of Birth _____ (Date) _____ (Month) _____ (Year) _____ Place Of Birth _____
- 3) Gender: Boy ☐ Girl ☐
- 4) Religion _____ Whether Belong To : SC ☐ ST ☐ OBC ☐ GEN ☐
- 5) Language Commonly Used At Home _____ Proficiency In Any Other Language _____
- 6) Mother Tongue _____
- 7) Present Home Address: House No. _____ House Name _____ Street _____
City _____ District _____ State _____ Pin Code _____
Land Mark _____
E-mail Id _____ (all Caps) Mobile No _____ / _____
- 8) Permanent Address: House No. _____ House Name _____ Street _____
City _____ District _____ State _____ Pin Code _____
Land Mark _____ Mobile No. _____ / _____
- 9) Name Of The Sibling Studying at RUNGTA PUBILC SCHOOL, BHILAI: _____
Class _____ Admn.No. _____
- 10) Student's Area Of Interest: Sports: _____ Level of Achievement _____
Other Activity _____ Level of Achievement _____



B. ACADEMIC/ SCHOOL DETAILS

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

C .PARENTS' DETAILS

Father	Mother	Guardian
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.

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.

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 ☐

Head Of School's Comment: _____

Admission Status: GRANTED ☐ REJECTED ☐ CLASS ☐

Date _____

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

Bus Stop _____ Sign. of Transport I/C _____

Admission Fee Details _____ Sign of Accounts Clerk _____

Sign of Head of School _____