Ph: - 0184-2266339, 2266471



## O.P.S. INTERNATIONAL SCHOOL

Kunjpra Road, Karnal-132001

## **HOSTEL ADMISSION FORM**

Recent passport size photograph of the student

S. No						
Scholar No			Hostel A/c No		Class	
1.	Studen	t's Name (in Blo	ck Letters)			
2.	Father'	s Name			Occupation	
3.	3. Mother's nameOccupationOccupation					
4.	Guardi	an's Name		Relationship	oOccupation	
5.	Date of	f birth	Age		YearsMonth	
6.	Mothe	r Tongue				
7.	Any Sp	ecial indication r	egarding his health	n, habits or cha	racter which need attention:	
	a.	Mark of Identi	fication.			
	b.	Vaccination do	one In past			
	c.	Known Allergi	c to.			
	d.	Blood Group.				
8.	a) I solemnly declare that I have explained the rules and regulations of the school and the hostel to					
	my son/ward and In case he/she violates any rule or regulation of the school and the hostel or is					
	involved in any breach of the discipline or neglect the studies, his/her name may be removed from					
	the rolls of the school at the discretion of the Principal.					
	I also accept that these rules and regulations may be changed from time to time at the discretion					
	of the Principal and in all matters of dispute the decision of the Principal shall be final and binding on					
	me.					
	b) I understand, accept and authorise the participation of my ward in all programmes of the school					
	and hostel.					
	c) I hereby, agree to hold the school and the hostel indemnified against all claims arising through					
	illness, accident, loss to the student or any other cause at school, hostel or outside.					
	d) I agree that in the event of my son/ward being withdrawn during the session, no part of fees					
	shall be refunded and all the dues for the term shall be payable at me.					
	e) I nominate Shas the local guardian of my son/ward and I assure that					
	the said local guardian will undertake full responsibility of my son on my behalf.					
	(Delete para 8e if you are not nominating anybody as the local guardian)					
Date					Full Signature of the Parent/Guardian	
			(F	or Office Use)		
Fees Receipt	: No					
•					of classmay be admitted	
					in the hostel on full payment of dues	

	Office	Residence
	)	Pin Code No
Phone No	STD Code	Phone NoSTD CodeSTD
		Telegraphic Address
	·	Rly
3. Name a	and Address or Local Guardian, if any who	om we can contact in any case of illness and who is
prepare	ed to lodge the boy with him in any othe	r emergency if any.
ne No		
I agree to a		responsibilities of Local Guardian as laid down in the
I agree to al	bide by the rules and regulations and the m of O.P.S. International School, Karnal.	responsibilities of Local Guardian as laid down in the
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(Father/Mother)