



18. Whether bus facility is needed ? Yes / No ..... , if yes, Bus No. & Stop ..... (to be filled by the office)

19. Details of guardian (if father is not alive / stays out of station)

Name : ..... Qualification : ..... Relationship with the ward : .....

20. Whether the father / mother is an employee of the DAV Organization:-

(Please give details) :

Name and address of the DAV Organization	Designation & Employee Code	Total Income (Per Annum)

21. Present address of the student (Address for communication)


22. Permanent address of the student


23. Areas of interest where parental contribution may enrich the school (Please tick out the appropriate areas) :

<input type="checkbox"/> Music / Dance / Drama	<input type="checkbox"/> Social Skills	<input type="checkbox"/> Communication Skill
<input type="checkbox"/> Academics	<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Career Counselling
<input type="checkbox"/> Bus / Outing Supervision	<input type="checkbox"/> Medical	<input type="checkbox"/> Others, if any (Please specify)
<input type="checkbox"/> Sports	<input type="checkbox"/> Media / PR	
<input type="checkbox"/> Community Programme	<input type="checkbox"/> Painting / Sculpture	

### DECLARATION

- I solemnly declare that all the information furnished by me in this application is true to the best of my knowledge and belief.
- I will abide by all the existing/modified guidelines, instructions, rules and regulations of the school (mentioned in School Almanac & various parental circulars) and assure that the same is adhered by my ward, too. I will extend full co-operation in all regards.
- If wish to stop availing the School Bus Facility for my ward, I will give one month's notice or will pay one month's bus fee, in lieu of it. Adequate reasons, thereof, will be made to such withdrawals.
- I accept that, the decision of the Principal with regard to the discipline of my ward shall be final and binding on me and my ward.
- I hereby ensure that, in case my ward is found to be suffering from any contagious / constitutional / hereditary disease or infirmity, I will immediately bring it to the notice of the authority of the school.
- I will ensure that he/she is regular in studies, in attending all the activities organized by the school and the payment of fees and dues are made on time. I undertake full responsibility for the payment of fees on account of my ward.
- Under any circumstances, I will not approach the authority of the school for any change in the schedule pertaining to examination, scholastic and co-scholastic activities.
- I hereby assure that I will not hold the school responsible for any matter due to unforeseen circumstances, if any, occurred during the outdoor and indoor activities.
- I hereby authorise the school to document/preserve/use the pics and videos of my wards taken during different school events for the educational / promotional purposes. I do not have any objection to the use of such pics and videos of my wards in school's social media.

Signature of Mother .....

Signature of Father/Guardian .....

Date : .....

Place : .....