

Admission Information Sheet

for Year 2018-19



Divya Jyot School

For year 2018-19, we are offering classes from Jr.Kg to Class 9. There are only limited seats available in classes 1 to 9.

Every year, we have added one class and we will continue to do so till we reach class 12.

Academic year starts in first week of April and it ends in March of the following year.

Pre-primary Classes - Monday to Friday

Jr Kg & Sr Kg Timings are from 8.30am to 12.30pm

In our Pre-School, a relaxed approach is used, along with a lot of positive reinforcement where teachers provide comfort, care and learning experience in most enjoyable and exciting environment.

Class 1 to 3 : (Timings : 8.30am to 2.30pm – Monday to Friday, & 1st and 3rd Saturdays)

Class 4 to 9 : (Timings : 7.30am to 1.30pm – Monday to Friday, & 1st and 3rd Saturdays)

While the caring, freedom and fun element of the Pre-primary block are retained, it is in the Primary & Secondary section, in which we begin with the structure of a formal time-table. Qualified & experienced subject teachers teach them the basic subjects of English, Maths, Science, Environmental Science, Hindi and Gujarati.

Age Criteria for 2018-19

For Jr.Kg & Sr Kg & Class 1:

- The Date of Birth for Jr.KG Admission should be on OR before December 31st, 2014.
- The Date of Birth for Sr.KG Admission should be on OR before December 31st, 2013.
- The Date of Birth for Class 1 Admission should be on OR before December 31st, 2012.

For Classes 2nd and above:

- Admissions will be given on the basis of previous School Leaving Certificate.

There is NO ADMISSION / REGISTRATION FEES for LIMITED PERIOD.

Annual Fees for Jr.Kg & Sr.Kg Classes is 46,500/-

Annual Fees for Classes 1 to 9 is 55,000/-

Above fees are excluding Transportation, Uniform, Books & Study Materials and other misc. charges.

General:

- The opportunity for interaction will be provided to all the parents prior to Admission so as to satisfy all their queries / questions related to the school. This interaction does not have any bearing on Admission process.
- School Fees are paid in four instalments. Transportation Fees are paid in two instalments.

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Divya Jyot School: S.P. Ring Road, Beside Bopal-Shilaj Bridge, B/h. Kaveri & Nisarg Flats, Bopal, Ahmedabad
Phone: 7574811101 | web: www.divyajyotschool.org | Email: info@divyajyotschool.org



Below Bopal-Shilaj Bridge, S.P. Ring Road, Nr. Bopal Circle, Bopal.
Ahmedabad 380058. M. : 99090 59000, 75748 11101 / 03. www.divyajyotschool.org

APPLICATION FOR ADMISSION

Paste the
Recent
Passport Size
Photograph
of your
Child

Gender.....

Standard Applied.....

STUDENT'S INFORMATION : (PLEASE FILL IN CAPITAL LETTERS ONLY)

Name :

(FIRST NAME)

(MIDDLE NAME)

(SURNAME)

Date of Birth Age: Place of Birth:

DD MM YYYY

Present School: Location:

Religion: Mother Tongue.....

Caste: (SC/ST/OBC including Baxi Panch-delcare with authentic document) if applicable.

Residential Address:

City: Pincode:

Correspondence Address : (If Different from the Residential address)

City: Pincode:

FAMILY INFORMATION:

FATHER:

Name:

Age:

Education:

Occupation: Business Service

Specify (Product):

Organization:

Designation:

Business Address:

.....STD Code:

Phone (R): (O):

Mobile: Fax:

E-mail:

Annual Income:

Paste the
Recent
Passport Size
Photograph
of Father

MOTHER:

Name:

Age:

Education:

Occupation: Business Service

Specify (Product):

Organization:

Designation:

Business Address:

.....STD Code:

Phone (R): (O):

Mobile: Fax:

E-mail:

Annual Income:

Paste the
Recent
Passport Size
Photograph
of Mother

LOCAL GUARDIAN (IF APPLICABLE)

Name:

Phone:

Address:

Mobile:

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Please mention if there is any special achievement in the areas indicated above along with a copy of Certificate

Any special skill or ability need to be nurtured

How would you rate your child ? An Introvert Extrovert Ambivalent Active Hyperactive Lethargic **STUDENT'S LANGUAGE ABILITIES (Tick Applicable)**

Languages	Speak	Read	Write
English			
Hindi			
Gujarati			
Any Other			

Language spoken at home :

Languages known to Parents :

NOTES

1. The Following Documents Must be attached with Admission Form.
2. Incomplete form will not be accepted and treated as cancelled.
3. Please indicate your nearest pick up / drop off on the enclosed transport form

 Mark Sheet of Previous & Current Year 6 Latest Passport Size Photographs (Students) Certified Copy of Child's Birth Certificate 4 Latest Passport Size Photographs (Father & Mother) Medical Health Record 1 Family Photo**DOCUMENTS TO BE SUBMITTED AFTER ADMISSION IS CONFIRMED** School Leaving Certificate OR Original Transfer Certificate. (Std. 2 & above) Certificate for SC / ST / OBC including Baxi Panch (If applicable)**DECLARATION****UNDERTAKING BY PARENTS**

I/We, the undersigned, bind myself/ourselves and my ward to abide by the School's rule & regulations. I/We understand that the rules & regulations may be changed or new rules may be introduced by the School from time to time. In all matters of dispute the decision of the Management of the School will be final and binding on me/we and my ward. In case of gross violation of rules, I/We shall withdraw my/our ward, if the school so desires. I/We understand that the fees once paid shall not be refunded under any circumstance. I/We also undertake to meet all financial responsibilities in time regarding the study of our child in the school.

Place :**Father :****Mother :****Date :****Guardian :****FOR OFFICE USE ONLY :**

Database..... Account..... Transport.....



Divya Jyot

SCHOOL

BETTER EDUCATION BRIGHTER FUTURE

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MEDICAL RECORD

Name of the Child

Age Yrs..... Months

Date of Birth :

Vaccination Status

BCG	YES/NO	OPV/IPV	YES/NO
DPT/DTap	YES/NO	HiB Vaccine	YES/NO
Hepatitis-B (3 Doses)	YES/NO	Measles	YES/NO
MMR	YES/NO	Varicella Vaccine	YES/NO
Hepatitis-A (2 Doses)	YES/NO	Typhoid Vaccine	YES/NO
Pneumococal	YES/NO	Others (If any)	

Allergies (If any, specify)

Hearing

Skin Problem

Any Surgery

Major illness in the past

Special Remark / Any Regular Meditation.....

Name of Pediatrician.....

Address & Contact No.

Sign.

Stamp with Registration No.

Date :

Please Submit Latest Eye and Dental Check-up Report