

# BRIGHTLAND PUBLIC SCHOOL

Karwala street G.T. road Etah



Form Sr. No - \_\_\_\_\_

Date of issue - \_\_\_\_\_

## Admission Form

Session 20

(All the entries should be filled in **BLOCK LETTERS**, according to the previous school's T.C./Birth Certificates/ N.B.-incomplete forms will be rejected)

1. Name of the child \_\_\_\_\_

F \_\_\_\_\_

AFFIX A  
RECENT  
COLOUR  
PHOTOGRAPH  
OF THE CHILD.

(As given in the certificate)

2. Date of Birth. (in figures) \_\_\_\_\_

(in words) \_\_\_\_\_

(Original birth certificate/ T.C. must be attached)

3. Place of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_

State of Birth \_\_\_\_\_

4. Age as on 31<sup>st</sup> March      s   months

days

5. Nationality \_\_\_\_\_ Religion \_\_\_\_\_

\_\_\_\_\_ Cast \_\_\_\_\_

6. Admission sought in class (in words) \_\_\_\_\_

Blood Group \_\_\_\_\_

7. (a) Name of the school last attended \_\_\_\_\_

Current class \_\_\_\_\_

(b) Medium of instruction of school \_\_\_\_\_

Board affiliation \_\_\_\_\_

8. Is your child suffering from any chronic disease/illness/allergy/disabilities which the school should be aware of \_\_\_\_\_.

9. Whether any sibling/s (real brother/sister) who have applied or studying at Brightland School. If yes.

Name of the child	Admission no.	Class	Section

10. Residential address. \_\_\_\_\_ House no. \_\_\_\_\_ Locality \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Contact no. \_\_\_\_\_

\_\_\_\_\_

11. Permanent address. \_\_\_\_\_ House no. \_\_\_\_\_ Locality \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Contact no. \_\_\_\_\_

12. Whether transport required  Yes  No

Phone – 05742-234311, 9719713002, email addr.

blpsetah@yahoo.in

AFFIX A RECENT  
PHOTOGRAPH  
OF THE CHILD

1. Name of the student \_\_\_\_\_ Father's  
name \_\_\_\_\_

2. Admission to class \_\_\_\_\_ Mother's  
name \_\_\_\_\_

3. Registration no. \_\_\_\_\_ Ad. No. (filled by office)

4. Date of birth \_\_\_\_\_ Date of submission  
\_\_\_\_\_

#### Father's detail

Name	
Age	
Academic qualification	
Profession	
Office address	
Office & Mobile no.	
E-mail	

#### Mother's detail

Name	
Age	
Academic qualification	
Profession	
Office address	
Office & Mobile no.	
E-mail	

### **UNDERTAKING**

I/we hereby certify that the information is correct to the best of my/our knowledge and belief. Further; I/we fully understand that if any information is

found to be false/incorrect, the admission of my/our ward will stand cancelled. I /We also understand that the application does not guarantee admission to my/our ward. If my/our son/daughter is selected for admission, we hereby give consent and agree to abide by the rules and regulations for school as applicable now and as amended from time to time.

Affix a recent colour photograph of the mother

Affix a recent colour photograph of the father

Affix a recent colour photograph of the guardian

Mother's name \_\_\_\_\_ Father's name \_\_\_\_\_

Guardian's name \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

**For office use only**

Admission order by the Head of the school  Admitted  Not admitted

Class \_\_\_\_\_ Remark \_\_\_\_\_

\_\_\_\_\_  
*Signature of the Head of the school*

**ACKNOWLEDGEMENT RECEIPT**

Form sr. no. \_\_\_\_\_

Join us for an interactive session on \_\_\_\_\_ (Date)

At \_\_\_\_\_ (Time)

\_\_\_\_\_  
*Signatutre of the incharge*

(Please carry this slip at the time of interaction)

