

FORM No.
(To be filled by School Authorities)

G. R. No.
(To be filled by School Authorities)

BLUE RIDGE PUBLIC SCHOOL

U-DISE CODE - 27251006825

Pre-Primary Section



Blue Ridge 
Educational Institute
Rajiv Gandhi Infotech Park, Phase I,
Near Cognizant, Hinjawadi, Pune - 411 057.
brps.preprimary@blueridge.in
www.blueridgepublicschool.com

Admission Form for Academic Year 20 - 20

Admission sought in - Nursery - Junior KG - Senior KG -

PASTE
RECENT
PASSPORT SIZE
PHOTOGRAPH
OF THE STUDENT

Student Information :

Name of the child : _____ / _____ / _____
(In block letters) First name Middle name Surname / Last name

Gender : _____ Identification mark : _____ Blood Group : _____

Date of birth : (dd/mm/yyyy) _____ Place of birth : _____ Nationality : _____

Religion : _____ Caste & Sub-caste : _____

Caste Category _____ (Please specify whether OPEN/OBC/SBC/SC/ST/NT/VJ)

Mother tongue : _____ Other languages known : _____

Child's Aadhar Card No. :

Sibling Information : IF studying in Blue Ridge Public School

Name : _____ Gender : _____

Std : _____ Division : _____ Enrolment No.: _____

Local Residential Address : (Please include : Prominent Landmark and City with Pincode)

Parent Information :

Father's Name : _____

Educational Qualifications : _____

Occupation : _____ Annual Income : ₹ _____

Contact No : _____

Personal E-mail id : _____

Employer's Name & Address : _____

PASTE
RECENT
PASSPORT SIZE
PHOTOGRAPH
OF THE FATHER

Mother's Name : _____

Educational Qualifications : _____

Occupation : _____ Annual Income : ₹ _____

Contact No : _____

Personal E-mail id : _____

Employer's Name & Address : _____

PASTE
RECENT
PASSPORT SIZE
PHOTOGRAPH
OF THE MOTHER

Contact No. to be used for communication : _____

Email Id to be used for communication : _____

Form Fee Non Refundable

Important Records :

Local person to be contacted in case of emergency - in the absence of parents / guardians :

Name : _____

Contact 1 : _____ Contact 2 : _____

Relation with parents/child : _____

Child's details : _____

Allergies if any : _____

Medication if any : _____

Food habits : Eats everything / Choosy Quick eater / Takes time Needs to be fed / Independent

Sleep habits : Takes afternoon naps Fixed bed time at night Undisturbed sleep

Parent declaration :

I, the undersigned, agree to abide by the rules and regulations of the school.

Shall always accept all the decisions taken by the school in the interest of my ward.

Agree to my child being seen by the nearest doctor available or being taken to the hospital should an emergency arise.

Aware that the school authorities will take utmost care of my ward within the school premises.

Will always instil high regards about the school and staff in my ward's mind and in the society.

Father's Signature

Mother's Signature

Date : _____

Date : _____

For Office Use only

Academic Year - 20 - 20

Admitted to - **NURSERY / JUNIOR KG / SENIOR KG**

Division : _____

Registration details :

1. Date of Admission :

2. Enrolment No.:

3. Parent Id :

4. Password :

Prepared by :

Checked by :

Name :

Signature :

Admin Asstt

Principal

Date :

Date :