

Form No.

(To be filled by School Authorities)

BLUE RIDGE PUBLIC SCHOOL

(Affiliated to the CISCE - MA185 / 2014)

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.in

ADMISSION FORM for ACADEMIC YEAR 20 - 20

Admission sought in Nursery Junior K.G. Senior K.G.

Last Attended School : _____

Student ID : UDISE / SARAL (19 digits) : _____

Student Information :

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

PASTE RECENT
PASSPORT SIZE
PHOTOGRAPH OF
THE STUDENT

Date of birth : _____ Blood Group : _____ Nationality : _____

(dd / mm / yyyy)

Place of birth : _____

Mother tongue : _____

Gender : _____ Caste & Sub-caste : _____ Caste Category : _____

Religion : _____ (Please specify : OPEN/OBC/SBC/SC/ST/NT/VJ)

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 Email Id : _____

Employer's Name & Address : _____

PASTE RECENT
PASSPORT SIZE
PHOTOGRAPH OF
THE FATHER

Mother's Name : _____

Educational Qualifications : _____

Occupation : _____ Annual Income : _____

Contact No. : _____

Personal Email 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 No. 1 Contact No. 2 :

Relation with the 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 hereby agree to abide by the rules and regulations of the school. I shall always accept all the decisions taken in the interest of my ward, by the school. I agree to my child being seen by the school doctor available or being taken to the hospital should an emergency arise. I am aware that the school authorities will take optimum care of my ward within the school premises & also during picnics & field trips outside the school. Hence I shall not hold the school authorities responsible for any unfortunate accidents / incidents which are beyond the control of the school.

I have understood the fee payment and refund policy of the school and agree to it.

Father's Signature

Mother's Signature

Date :

Date :

**For Office Use only
Academic Year 20 - 20**

Admitted to - **NURSERY / JUNIOR K.G. / SENIOR K.G.**

Division :

Registration details :

1 Date of Admission :

2 Enrolment No. :

3 Parent Id :

4 Password :

GR No.

Prepared by : Checked by :

Name :

Signature :

Admin Asstt

Principal

Date :

Date :