

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)

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#### 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 hereby agree to abide by the rules & 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 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 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 :