

FORM NO.

G. R. No.

Enrollment No.

Date of Admission : _____

BLUE RIDGE PUBLIC SCHOOL

(Affiliated to the CISCE - MA185 / 2014)

Primary / Secondary Section



Rajiv Gandhi Infotech Park, Phase I,
Near Cognizant, Hinjawadi, Pune - 411 057.
Phone : 9503015005, 9970438833
brps.primary@blueridge.in

Admission sought in - **Std.** : _____

For Academic year 20 - 20

PASTE
RECENT
PASSPORT SIZE
PHOTOGRAPH
OF THE STUDENT

Student information :

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

Date of Birth : ____/____/____ Blood Group : _____ Nationality : _____

Place of Birth : _____

Religion : _____ Caste & Sub-caste : _____ *Category _____

*(Please specify whether OPEN/OBC/SBC/SC/ST/VJNT etc. Document Proof Required)

Gender : _____ Identification mark : _____

Mother tongue : _____ UID/Aadhar Card No. _____

Previous School attended : _____

Sibling's name and age : _____

Whether studying in BRPS - YES / NO Class in which studying _____

Residential address : _____

Parent information :

(Please mention names as should appear in all government documents)

Father's Name : _____

Educational Qualifications : _____

Occupation : _____

Contact No : Residence _____ Mobile _____

E-mail id : _____

PASTE
RECENT
PASSPORT SIZE
PHOTOGRAPH
OF THE FATHER

Mother's Name : _____

Educational Qualifications : _____

Occupation : _____

Contact No : Residence _____ Mobile _____

E-mail id : _____

PASTE
RECENT
PASSPORT SIZE
PHOTOGRAPH
OF THE MOTHER

Form Fee Non Refundable

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Person to be contacted in case of emergency, if parents / guardians are not reachable:-

Name : _____ Contact No.: _____

Relation with parents/child : _____

Name, address & contact no. of child's Pediatrician : _____

Mention if any, serious specific health problem of your child

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.

Date : _____

Place : _____

Parent's / Guardian's signature : _____

Parent's / Guardian's name : _____

- For office use -

Admission granted to Std. _____

Authorised Signatory
(Principal / Supervisor / Co-ordinator)