CHAMAN BHARTIYA SCHOOL

BHARTIYA CITY, BENGALURU

FORM NO

DATE

APPLICATION FORM FOR THE YEAR 20 - 20

(This is purely a registration form and does not guarantee an interview or admission.
Please fill in the Registration Form in CAPITALS)

PUPIL'S PHOTO

Pupil's full name

Gender ☐ Boy ☐ Girl

Nationality

Date of Birth (in words & Figures)

Grade for which admission sought

Residential Address with Phone Numbers

PARENTS' DETAILS

FATHER'S PHOTO

Father's Name

Educational Qualification, Designation & Annual income

Office Address with Phone Numbers

E-Mail id

Mother's Name

Educational Qualification, Designation & Annual income

Office Address with Phone Numbers

E-Mail id

MOTHER'S PHOTO

Local Guardian's Name

Relationship with the child

Address with Phone Numbers

E-Mail id

GUARDIAN'S PHOTO

CURRENT SCHOOL DETAILS

Name

Class | Section | Academic Year

Medium of instruction

Stream/Board ☐ IB ☐ ICSE ☐ CBSE ☐ STATE

☐ Others, specify:

DETAILS OF SIBLINGS WHO STUDY AT CHAMAN BHARTIYA, IF ANY

(Cousin, Relative are excluded)

Name

Class | Sec | Admn No

Name

Class | Sec | Admn No

Choice of Second Language (*At the discretion of the Management)

☐ Hindi ☐ Kannada ☐ Any other

Would you like the school to arrange transportation? ☐ Yes ☐ No

What was the last fairy tale / story you've read / told your child? (Early Years)

If admission is granted, how do you feel you could contribute (not cash / donation) to Chaman Bhartiya as parents?

SPECIFIC HEALTH RECORD (Medical Certificate to be produced)

Blood Group (Latest lab report on Blood Group to be attached)

Allergies

Daily Medication (If any)

PARENT – TEACHER MEETINGS

We at CHAMAN BHARTIYA would like to work along with you to foster a healthy relationship between Parents, Teachers and the Child by organizing Parent Teachers Meetings. You are advised to attend such meetings in the interest of your child.

I, _____ Father/Mother of _____ admitted to Std_____ agree to participate in the open house and Parent Teachers Meeting at CHAMAN BHARTIYA

_____ MOTHER'S SIGNATURE

_____ FATHER'S SIGNATURE

IMPORTANT NOTICE: TO BE READ BY THE PARENTS

(The application form will not be processed if found incomplete or if any of the below mentioned documents are not enclosed)

1. Certified / Attested copy of birth certificate. The original birth certificate must be produced at the time of admission for verification. Certificates issued from hospitals will not be considered.
2. Copy of the immunization summary given by your pediatrician.
3. One copy of the latest progress report.
4. Transfer certificate, duly completed, and counter signed by the previous school authority is necessary. Transfer Certificate should be produced on or before the first day of school.
5. Stamp size photographs one each for the student, father, mother & guardian.
6. Two passport size photographs.
7. Address Proof.
8. Last date for submission of this form is **fifteen days** from the date of issue.
9. The purchase and submission of application form is no guarantee that an interview or admission will be granted and gives parents no entitlement to claim a seat or refund. The admission is finalized and authentic only when the class of admission is endorsed by the Principal.
10. Once the admission is granted there will be no refund of any payment for any reason.

_____
MOTHER'S SIGNATURE

_____
FATHER'S SIGNATURE

OFFICE USE ONLY

Checklist

☐ Copy of the Birth Certificate ☐ Address Proof ☐ Latest progress report

☐ Two passport size and one stamp size photographs of the student

Stamp sized photograph of the ☐ Mother ☐ Father ☐ Guardian

☐ Copy of the Immunisation Record ☐ Lab Report on Blood Group

☐ Transfer Certificate (Can be collected on the first day of school) ☐ Student Evaluation Sheet

☐ Observation Sheet

If Selected:	Admission No.		Class		Sec	
Registration Fee Receipt No. / Date						
Admission Fee Receipt No. / Date						

AUTHORISED SIGNATORY _____