



BURARI PUBLIC SCHOOL

a venture with **UNIQUE**

(An English Medium Co-Educational School)

Main Road, Sunil Colony, Village Burari, Delhi-84 • Ph.: 9560369703, 9560379703 • E-mail : bpsburari@gmail.com

Please Answer all Question / Information Clearly in BOLD, Using Black / Blue Pen

ADMISSION FORM

OFFICE PURPOSE ONLY			
Admission No.....	PASSPORT SIZE PHOTO	PASSPORT SIZE PHOTO	PASSPORT SIZE PHOTO
Date of Admission.....			
Class of Admission.....	FATHER	MOTHER	STUDENT
Stream Opted			

Documents Checklist :

- Photographs of Child ◦ Photographs of Parents ◦ Birth Certificate of Child
- Aadharcard of Child ◦ Aadharcards of Parents ◦ Electricity Bill
- Transfer Certificate for Children Seeking admission in class 2nd and above

Name of Child

Sex : Male Female Date of Birth in Figures

Date of Birth (in Words) _____ Place of Birth _____

Nationality _____ Admission Category Gen. EWS Caste : _____

Father's Name :

Father's Qualification _____ Father's Occupation _____

Mobile No. _____ E-mail id _____

Mother's Name :

Mother's Qualification _____ Mother's Occupation _____

Mobile No. _____ E-mail id _____

Father's Name :

Qualification _____ Occupation _____

Mobile No. _____ E-mail id _____

Address _____

PASSPORT SIZE PHOTO
GUARDIAN

If parents are divorced, Living Separately or Widowed, with whom is the child living:.....

Any Sibling (if Yes) : **Yes** **No**

Name of Child :

Class School Name

Name of Child :

Class School Name

ACADEMIC DETAILS :

- Name and Address of last School Attended
- Class last Attended Result of Examination Percentage

MEDICAL INFORMATION :

- Blood Group..... Height..... Weight.....

Does your child has any physical/medical condition which might require special attention? if yes, please specify :

OTHER :

- Mode of Transort On Foot Bicycle Private Cab School Cab

CERTIFICATE FROM PARENTS :

I.....hereby declare that above mentioned information is correct to the best of my knowledge & belief. I shall abide by the rules of School.

Full Name.....

Date...../...../..... Place.....

Signatue Father / Mother / Guardian

For Office Use Only (Academic Department)

1. Certified that I have checked the application form & relevant documant.

The relevent docments are found in order.

Signatue Admission Incharge

2. Kindly Admit Master/Miss.....in Class.....section..... after realizing dues.

Signatue Principal

Accounts Department

Admission No..... Date of Admission ____/____/____ Receipt No.....

Student Name : Class:..... Sec.:.....

Certified that Admission No. of the student in Recond is..... & relevant information duly verified by me

Office Supdtt