

Form No. \_\_\_\_\_

# BLOOM PUBLIC SCHOOL

REGISTRATION FORM

1.Name of the child (block letters) : \_\_\_\_\_ M  F

2.Date of Birth (in figures) : \_\_\_\_\_

3.Registration for Class : \_\_\_\_\_

4.Previous School & Class : \_\_\_\_\_

5.Age as on 1st April 2010 \_\_\_\_\_

6.Nationality : \_\_\_\_\_

7.Mother's name (block letters) : \_\_\_\_\_

-Academic Qualification: \_\_\_\_\_

-Occupation: \_\_\_\_\_

-Designation : \_\_\_\_\_

-Name of the organization : \_\_\_\_\_

-Address (res): \_\_\_\_\_

- (off): \_\_\_\_\_

- Tel. no. / Mobile no. : \_\_\_\_\_

-General Interest : \_\_\_\_\_

8.Father's name (block letters) : \_\_\_\_\_

-Academic Qualification: \_\_\_\_\_

-Occupation: \_\_\_\_\_

-Designation: \_\_\_\_\_

-Name of the organization: \_\_\_\_\_

-Address (res) : \_\_\_\_\_

- (off) : \_\_\_\_\_

- Tel no. / Mobile no. : \_\_\_\_\_

-General Interest : \_\_\_\_\_

9.Mother tongue of the child : \_\_\_\_\_

10.Medical history of the child : \_\_\_\_\_

11.Details of the sibling (real brother / sister) Name \_\_\_\_\_

in Bloom Public School Class/Section: \_\_\_\_\_ Admn. No. \_\_\_\_\_

12.Any other information : \_\_\_\_\_

This is to certify that the fact given by me on the registration form are true. I understand that if any part of it is found to be false, this application will be cancelled. I also accept that registration does not ensure interaction/admission.

Signature of Parent/Guardian

Dated: \_\_\_\_\_