

REGISTRATION FORM

|  |  |
| --- | --- |
| Full Name |  |
| Date of Birth |  |
| Last School Attended |  |
| Reason for Leaving |  |
| Class Seeking Admission For |  |
|  |  |
| Father’s Name |  |
| Occupation |  |
| Mother’s Name |  |
| Occupation |  |
| Annual Family Income |  |
| Nationality |  |
| Phone |  |
| Email |  |
| Address |  |
|  |  |
| Emergency Contact Name & Phone (if different from Parents) |  |
|  |  |
| Details of Family studying / teaching at Brindavan |  |
|  |  |
| Preferred Subects (XI Only) |  |

I enclose the registration fees of INR 1000 and agree to abide by the rules of admission (which may be changed from time to time). I will submit all required documents at the time of admission. I request that my son / daughter be registered for the academic year 20\_\_\_\_-\_\_\_\_.

|  |  |  |  |
| --- | --- | --- | --- |
| School Management | Admit (Y/N) | Parent Signature | Date |
|  |  |  |  |