

BELIEVERS CHURCH RESIDENTIAL SCHOOL

P.O. BOX 5, (ST.THOMAS NAGAR), KUTTAPUZHA P.O. THIRUVALLA, PATHANAMTHITTA DIST - 689 103, KERALA Tel: +91 469 2733402,2733404,2741562,2741563, Fax: +91 469 2741564 E-mail: bcrsthiruvalla@gmail.com, Website: www.bcrschool.org

APPLICATION FOR ADMISSION

Application No: Online Application

Date of Admission:

Affix recent Passport Size Photograph of the student

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Applying for: Play School ☐ LKG ☐ UK	(G	2 🗖	3 🗆	40	5	6□	7	80
APPLICANT INFORMATION	Please writ	e in CA	APITAL	. LETTI	ERS only	ıl		
Name of the Pupil: (as shown in the birth certificate)								
Expansion of initials, if any:								
Gender (✓): Male ☐ Fe	male 🗖	4. /	Age :	Years		_ Mor	nth	
Date of Birth (DD/MM/YY):		6. P	lace o	of Birt	:h:			
Blood Group:		8. 1	Vatio	nality				
Religion & Community:						-		
Does the candidate belong to (✓) (If SC/ST/OBC/OEC produce commu			OBC	• 0	EC 🗖	Gene	eral 🗖	
0. Personal marks of Identification:	1							
	2							
FOI	R OFFICE US	SE ON	LY -					
Attested copy of the Birth Certificate		Pas	sport :	size pł	otogra	phs (or	ie each)	of
(Produce original for verification)		fath	er and	d moth	ner			
Transfer Certificate (If applicable).				port si (If appl		tograpl	n of the	loca
Community Certificate						ificates	in	
(If applicable)	_					urricul		
Two recent Passport size photograph	i			(If any				
of the student		Cop	by of I	Passpo	rt (For	NRI Sti	udent o	nly)
ERIFIED BY:								
Jame:	Signature:				I	Date:		
ADMISSION NO.:								

Signature of the Principal:

II) PARENT DETAILS

FATHER

MOTHER

11.	a) Name of Father [as shown in the		a) Name of Mother [as shown in the Birth Certificate]		
b)	Occupation:		b) Occupation:		
c)	Office Address:		c) Office Address:		
d)	Tel. No. (Office):		d) Tel.No. (Office) :		
e)	Fax:	<u>*</u>	e) Fax:		
f)	Mobile:		f) Mobile:		
g)	E-mail:		g) E-mail:		
12.	Tel. No. (Residence): STD Code		_ Tel. No		
13.	Annual income of the Parent: (₹)			
	COMMUNICATION DETA				
17.					
			D' I -		
			Pincode:		
	Tel: STD Code	Tel. No	Mob:		
15.	Address for Communication:				
		District:			
	State: C	Country:	Pincode:		
	Tel: STD Code	Tel. No.	Mob:		

IV) ACADEMIC INFORMATION Last Standard attended: _____ Academic Year: 17 Whether promoted to the next standard (<): Yes No 🗆 18. Name and address of the school last attended: District: State: ______ Country: _____ Pincode: ____ Tel: STD Code _____ Tel No. ____ 19. The syllabus followed in the previous School: C.B.S.E 🔲 I.C.S.E 🔲 State Board 🔲 Any other (Specify): 20. Standard to which admission is sought: 21. Second language chosen (For Standard VI and above): Hindi Malayalam French (Choose any One from the option) 22. Proficiency in co-curricular and extra curricular activities: Specify: [Photocopy of certificates to be attached] V) **GENERAL INFORMATION** (Confidential) 23. Applicant lives with: Father ☐ Mother ☐ Both ☐ Other (Specify) ☐ 24. Admission materials be sent to: Father \(\bar{\cup} \) Mother \(\bar{\cup} \) Both \(\bar{\cup} \) Other (Specify) \(\bar{\cup} \) Father ☐ Mother ☐ Both☐ Other (Specify) ☐ 25. Fees details be sent to: 26. Check if appropriate: Father Deceased Parents Divorced Father Remarried Mother Deceased Parents Separated Mother Remarried 27. Does the pupil require Hostel facility? Yes \(\bar{\cup} \) No \(\bar{\cup} \) 28. Does the pupil require School Bus facility? Yes No If yes, write the nearest boarding point: ____ 29. Details of the Brother/Sister of applicant if studying in the school: Name: _____ Standard: _____ Adm. No: ____ Name: ______ Standard: _____ Adm. No: ____

	an:	Guardian					
	District:						
State:	Country:	Pincode:					
Tel. (Residence):	Office:	Mobile:					
	Signature of local guardian :						
DECLARATION							
		her, mothe					
our son/daughter. We son/daughter violates a indiscipline. Also we pr	will not put in any kind of compensations of the school/hostel rules, the school	ward accident that might take place involving ion claim regarding such mishaps. In case of ool reserves the right to take any action again or damage caused to the school property by of on above are true and correct.					
	Signature of Pupil:						
	Signá						
Signature of father: _	9	ture of mother:					
Signature of father: _		ture of mother:					