



BELIEVERS CHURCH RESIDENTIAL SCHOOL
CONFIDENT COMPETENT CARING

P O Box 5, St. Thomas Nagar, Kuttapuzha P.O., Thiruvalla-689 103, Kerala
Ph: 0469-2741564, E-mail:bcrsthiruvalla@gmail.com, www.bcrschool.org

Applicant's Details {to be filled in capital letters}

Full name of the child _____ Gender _____

Date of birth (in figures) _____ (in words) _____

Age as on March 31st _____

Identification marks (if any) _____

Religion _____ Community _____

*Attach caste certificate if the child belongs to SC/ST or other backward communities

Family Information

Name of the Father _____ Name of the Mother _____

Mobile phone number of the Father _____ Mobile phone number of the Mother _____

E-mail address of the Father _____ E-mail address of the Mother _____

Occupation of the Father _____ Occupation of the Mother _____

Annual Income _____

Address: _____

Residence phone number _____

Please affix
the child's
recent
passport size
photograph
here

Sibling Information

Name	Age	Class	Present School

Health Information

Blood group _____

Is suffering from any chronic disease/ allergy _____

Is allergic to any drug/ drugs _____

Any other health problem _____

Emergency contact number _____

Any other information you wish to include _____

Any major allergy/ ailment _____

Date of last vaccination given _____

Declaration

I, the parent, (Father/ Mother) of _____ seeking his/her admission in the school, solemnly declare that the information furnished is true and that if found factually wrong at any time, shall abide by the decision of the school authorities without plea or protest. I also agree that we shall abide by all the rules and regulations of the school in all aspects.

Name of parent _____ signature of parent _____ Date _____

The following documents (self attested photocopies) must be attached:

- *Copy of birth certificate*
- *Certificate for scheduled castes/ scheduled tribes or backward communities where applicable*

For Office use only

Play school Admission for the year _____ Admission Number _____

Date of Admission _____ Class _____ Section _____

Fee Receipt Number _____ Date _____