

BELIEVERS CHURCH RESIDENTIAL SCHOOL

P.O. BOX 5, (ST.THOMAS NAGAR), KUTTAPUZHA P.O., THIRUVALLA, PATHANAMTHITTA DIST - 689 103, KERALA Tel: +91 469 2733404,2741562,2741563,

E-mail: bcrsthiruvalla@gmail.com, Website: www.bcrschool.org

Affix recent

APPLICATION FOR ADMISSION

Passport Size Photograph of the **Application No:** student Applying for: LKG □ UKG □ 1 □ 2 □ 3 □ 40 50 60 70 8 9 9 I) **APPLICANT INFORMATION** [Please write in CAPITAL LETTERS only] Name of the Pupil: (as shown in the birth certificate) Expansion of initials, if any: Female 🗖 4. Age: Years ____ Month___ 3. Gender (✓): Male □ Date of Birth (DD/MM/YY): _______ 6. Place of Birth: ____ Blood Group: 8. Nationality: 7. Religion & Community: Does the candidate belong to (\square) : SC \square ST \square OBC \square OEC \square General \square (If SC/ST/OBC/OEC produce community certificate) Aadhaar No. Personal marks of Identification: — FOR OFFICE USE ONLY —————— Attested copy of the Birth Certificate Passport size photographs (one each) of (Produce original for verification) father and mother Transfer Certificate (If applicable). One passport size photograph of the local guardian (If applicable) Community Certificate ☐ Photo copy of the Certificates in (If applicable) Co-curricular / Extra curricular Two recent Passport size photograph activities (If any) of the student ☐ Copy of Passport (For NRI Student only) Copy of Aadhaar Card VERIFIED BY: ______Signature: _______Date: ____ Name:

_____ Signature of the Princpal.

ADMISSION NO.:

Date of Admission:

II) PARENT DETAILS

FATHER

MOTHER

| 11. | a) Name of Father [as shown | 13 9 2 - 1397 | a) Name of Mother [as shown in the Birth Certificate] |
|-----|------------------------------|----------------------|---|
| b) | Occupation : | | b) Occupation : |
| c) | Office Address: | | c) Office Address: |
| d) | Mobile : | | d) Mobile : |
| e) | Tel. No. (Office): | Χ. | e) Tel. No. (Office) : |
| f) | Fax: | | f) Fax : |
| g) | E-mail : | | g) E-mail : |
| 12. | Tel. No. (Residence) : STD (| Code | Tel. No |
| | | | |
| | COMMUNICATION DE | | |
| | | District: | |
| | State: | Country: | Pincode: |
| | | | Mob: |
| 15. | Address for Communicatio | n: | |
| | | District: | |
| | State: | 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 (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 \square Mother \square Both \square Other (Specify) \square 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 School Bus facility? Yes No Boarding Facility (Std. V and above) If yes, write the nearest boarding point: 28. Details of the Brother/Sister of applicant if studying in the school: Name : _____ Standard: ____ Adm. No: ____ Standard: Adm. No: Name :

| Name of Local Guardi | I LS [Only if applicable] | | | Affix the Photograph of Local Guardian | | |
|---|---|--|--|--|--|--|
| Address: | | | | | | |
| | District: | 4 | | | | |
| State: | Country | | Pincode: | | | |
| | Office: | | | | | |
| Signature of local guardian | | | | | | |
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| ED-100-24 | | | | , 11100 | | |
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