



## Admission Form

PHOTO

B.B.S. Memorial Educational Trust (Regd.)

# Blooming Buds Pre-Primary School

Regd. No. ED1/1-12-2008

Near Vithalwadi Rly Station, Shastri Nagar, Ulhasnagar - 421 003. Dist. Thane.  
Tel. 0251-2732733 Mob.: 9004063900 | Email ID - info@bloomingbudsschool.net

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

Admission for Std. \_\_\_\_\_

Name of the Child \_\_\_\_\_

(Surname)

(Name)

(Middle Name)

Religion \_\_\_\_\_ Mother Tongue \_\_\_\_\_

Caste \_\_\_\_\_ Sub - Caste \_\_\_\_\_

Current Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Date of Birth (Date) \_\_\_\_\_ (Month) \_\_\_\_\_ (Years) \_\_\_\_\_

Age : \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Place of Birth \_\_\_\_\_

AADHAR CARD NO. \_\_\_\_\_

### Parents Information

Mother's Name : \_\_\_\_\_

Telephone Number \_\_\_\_\_

Father's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Telephone Number. (R) \_\_\_\_\_ (O) \_\_\_\_\_



**A Little about your Child**

Allergies if any : \_\_\_\_\_

Food to be avoided \_\_\_\_\_

Medication to be avoided \_\_\_\_\_

any Special Instructions : \_\_\_\_\_

**For Office Use**

Date of Admission \_\_\_\_\_

Time Slot and Batch Selected : \_\_\_\_\_

**Remarks**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I here by agree that I am leaving my Child under the care of the staff of Blooming Buds High School. All the information given here is correct and I have not with held any important information. I will not hold you/Blooming Buds responsible for any unavoidable mishaps or accidents.

Signature :

Date :

