



## Admission Form

P.E. Societies (Regd.)

# Blooming Buds High School

P.E.S. Govt. Recognised V.L.S. / 1092 / 6484/PE-3 Dated 24/11/1992  
Near Vithalwadi Rly Station, Shastri Nagar, Ulhasnagar - 421 003, Dist. Thane.  
Tel.: 0251 2732733 Mob.: 9004063900 / 9325578945

### PRIMARY / SECONDARY SECTION

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

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

Name of the Child \_\_\_\_\_  
(Surname) (Name) (Middle Name)

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

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

Address \_\_\_\_\_  
\_\_\_\_\_

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

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

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

AADHARCARD NO. \_\_\_\_\_

#### Parents Information

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

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

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

Occupation \_\_\_\_\_

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



**A Little about your Child**

Allergies if any :

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Food to be avoided

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Medication to be avoided

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any Special Instructions :

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**For Office Use**

Date of Admission

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Time Slot and Batch Selected :

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**Remarks**

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*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 :