

New Bal Vaishali Public School

School ID- 1925276
ENROLLMENT FORM

Full Name of the Student: _____
Date of Birth _____ Class: _____
Class: _____ Last School Attended: _____
Transfer Certificate Submitted: Yes _____ / No _____
Nationality: _____ Religion: _____
Gender: Male/ Female/ Transgender
Whether member of SC/ST/OBC/EWS & DG: _____

Father's Details	Mother's Details
Father's Name: _____	Mother's Name: _____
Academic Qualification: _____	Academic Qualification: _____
Occupation: Self Employed/ Employed	Occupation: Employed/Home Maker
Annual Income: _____	Annual Income: _____
Mobile NO: _____	Mobile NO: _____
Email ID: _____	Email ID: _____

Permanent Address: _____

State: _____ City: _____ Pin: _____
Res. Tel. No. _____

Is there any medical information about your ward which the school should be aware of: _____

Name of the previous school/ pre-school/ Nursery/ Crèche: _____

Documents to be submitted:

Birth Certificate

Transfer Certificate

Aadhaar card copy of parents & Child

Any other document

How did you hear about NBVPS: Neighbor ____ Teacher ____ Others ____

Declaration:

I, _____ have the authority to admit my child/ward _____, into the school as the parent/legal guardian. I undertake the responsibility of providing any evidence needed to support the information provided here, if necessary for any reason. I declare that statements provided in this application are correct to my knowledge and if found otherwise, I shall abide by the decision of the management. I agree to abide by the rules and regulations of the school.

Date: _____

Parent Signature