



THE BRIGADE SCHOOL

@ Malleswaram
 Brigade Gateway Enclave, No. 26/1, Railway Parallel Road,
 Malleswaram West, Bangalore - 560055
 Tel : 41411581 / 65682437 Fax : 41411582
 enquirytbsg@brigadeschools.org Website: BrigadeSchools.org

Inward:
 EOI No:
 EOI Date

THE BRIGADE SCHOOL

Expression of Interest Form

Admission required for:

NURSERY LKG UKG STD 1 STD 2 STD 3 STD 4
 STD 5 STD 6 STD 7 (HIGHER CLASSES WILL BE ADDED PROGRESSIVELY)



PLEASE USE CAPITAL LETTERS ONLY. WHEREVER BOXES ARE PROVIDED, MARK YOUR CHOICE WITH A "✓" INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

A. BACKGROUND DETAILS

FULL NAME OF THE **STUDENT** MALE FEMALE
 (As it should appear in official school certificates)

DATE OF BIRTH
 (No alteration will be allowed)

DATE	MONTH	YEAR			

NATIONALITY RELIGION MOTHER TONGUE

DOES THE STUDENT BELONG TO SCHEDULED CASTES, SCHEDULED TRIBES OR B.C. AS PER GOVT LIST? NO S.C. S.T. B.C.

NAME OF **FATHER** QUALIFICATIONS

OCCUPATION, ORGANISATION & OFFICE ADDRESS

OFFICE PHONE MOBILE E-MAIL

NAME OF **MOTHER** QUALIFICATIONS

OCCUPATION, ORGANISATION & OFFICE ADDRESS

OFFICE PHONE MOBILE E-MAIL

PARENTS' RESIDENTIAL ADDRESS

RESIDENCE PHONE ANNUAL INCOME: FATHER Rs: MOTHER Rs

NAME OF **GUARDIAN** QUALIFICATIONS

(If applicable)

OCCUPATION, ORGANISATION & OFFICE ADDRESS

OFFICE PHONE MOBILE E-MAIL

GUARDIAN'S RESIDENTIAL ADDRESS

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RESIDENCE PHONEANNUAL INCOME: Rs.

B. PERSONAL DATA

1. BLOOD GROUP:

2. DOES THE STUDENT HAVE A MAJOR AILMENT / ALLERGY THAT THE SCHOOL SHOULD KNOW ABOUT?.....

.....

3. ANY OTHER INFORMATION

.....

4. DETAILS OF BROTHERS/SISTERS OF THE STUDENT

NAME	AGE	INSTITUTION STUDYING IN	STANDARD

C. DETAILS OF PREVIOUS STUDY (If applicable)

1. NAME AND ADDRESS OF THE SCHOOL/PLAYSCHOOL IN WHICH THE STUDENT LAST STUDIED

.....

2. STANDARD STUDYING IN AT PRESENT MEDIUM OF INSTRUCTION

3. IS THE PREVIOUS SCHOOL AFFILIATED TO: S S L C C B S E I C S E OTHER (Specify)

4. STANDARD INTO WHICH ADMISSION IS NOW SOUGHT

5. LANGUAGES THE STUDENT HAS PREVIOUSLY STUDIED: SECOND LANGUAGE: STUDIED FROM STD

THIRD LANGUAGE: STUDIED FROM STD

6. IF ADMITTED, WHAT LANGUAGES WILL THE STUDENT TAKE? SECOND LANGUAGE (STDS 1 - 10): KANNADA HINDI

THIRD LANGUAGE (STDS 5 - 8): KANNADA HINDI

7. AWARDS WON SO FAR IN SPORTS/CO CURRICULAR/ACADEMICS/OTHER.....

.....

D. ENCLOSURES (without which this form will not be recorded)

THE FOLLOWING DOCUMENTS (**recently attested copies**) MUST BE PRODUCED ALONG WITH THE COMPLETED FORM (stapled to top left hand corner):

1. BIRTH CERTIFICATE

2. LATEST PROGRESS REPORT CERTIFIED BY THE SCHOOL IN WHICH THE STUDENT LAST STUDIED

3. TAHSILDAR'S CERTIFICATE FOR SCHEDULED CASTES, SCHEDULED TRIBES AND BACKWARD COMMUNITY

E. MISCELLANEOUS

HOW DID YOU COME TO KNOW ABOUT THIS SCHOOL?

Website Friends/Work Place Other (Please specify)

ARE YOU A RESIDENT IN ANY BRIGADE GROUP PROJECT? IF SO, SPECIFY.....

.....

REASONS FOR SEEKING ADMISSION TO THE BRIGADE SCHOOL

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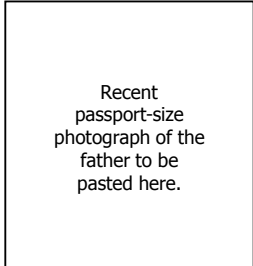
F. DECLARATION

We, the parents and legal guardians of our child/wardrepresent that we have the authority to admit the child and interact with the School on behalf of the child when required. We undertake to bring any fact, which may make this representation untrue in the future to the immediate notice of the school. We declare that the statements given in this form are correct and, if found otherwise, we shall abide by the decision of the Management. We agree to abide by the rules and regulations of the School. The fee schedule has been understood and we agree to adhere to the rules regarding terms & conditions of the payment of fees. We understand that fees once paid will not be refunded. We would like to visit the school along with the child.

1. FATHER'S NAME:

FATHER'S SIGNATURE:.....

DATE:.....



2. MOTHER'S NAME

MOTHER'S SIGNATURE:.....

DATE:



FOR THE USE OF THE SCHOOL ONLY

Checklist of documents required

- 1. Birth Certificate
- 2. Copy of progress report
- 3. Tahsildar's Certificate: for Scheduled Castes, Scheduled Tribes or Backward Communities

Remarks for non receipt of documents:

Follow up details:

Date:

Admin Executive

Remarks:

PRINCIPAL

CHAIRPERSON

Date:

Date: