**BPS Public School**  
Barhoga Kothi, Siwan

Where learning from ends……………

# **Registration Form**

Photo

# Students Particular

First Name Middle Last Name

Preferred Name Date of Birth

Age on 01/04/2024(In words) ( (in figures)

Gender Religion Nationality

Caste (optional) Admission sought for Grade/Class

Previous School Medium

Student’s Physical Address: Ward House No. City/Village

District State PIN

# Particulars of Parents

|  |  |  |
| --- | --- | --- |
|  | **Father** | **Mother** |
| Name |  |  |
| Educational Qualification |  |  |
| Occupation/ Profession |  |  |
| Monthly Income |  |  |
| Office Address |  |  |
| Office Phone No. |  |  |
| Personal Phone No. |  |  |
| Email |  |  |

**List of other children (age 16 and under) residing in your home**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Child no.1 | Child no.2 | Child no.3 | Child no.4 |
| Name |  |  |  |  |
| Age |  |  |  |  |
| Gender |  |  |  |  |
| Relation |  |  |  |  |
| Current School |  |  |  |  |
| Grade/Class |  |  |  |  |

**Other Information**

1. If both husband and wife are working, who looks after the child in your absence?

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| --- |
|  |

1. Who takes leave when the child unwell?

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|  |

1. Is your child extrovert/introvert/ambivert?

|  |
| --- |
|  |

1. What types of toys and games does your child like to play with?

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|  |

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| --- |
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e) Give your observation about your child’s talents, skills, interests etc.

f ) What values would you like to inculcate in your child?

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| --- |
|  |

g) Would you like the school focus on academics or on overall development of the child?

|  |
| --- |
|  |

h) Does your child have a disability/special need?

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|  |

1. if your child has received/is receiving special education services, please specify the area/s of need?

Gifted Visual Impairment Emotional Disturbance Hearing Impairment Austin Speech and Language Impairment  
 Deaf – Blind Orthopedic Impairement

Development Delay Intellectual Disability

Traumatic Brain Injury Specific disability Multiple disabilities.

(Please list the areas of disability below)

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| --- |
|  |

**Declaration to be signed by Parent/ Guardian** I do hereby affirm and agree, by applying my signature to the document, that this registration does not automatically admit my ward to the BPS Barhoga/SeniorSchool.Academic transcripts interview and testing records are taken into consideration. The Admission Committee of the school reserves the right to make a final decision.

Signature of parent/guardian Name of parent/guardian Date

Photo

………………………..x………………………x…Tear from here…….x……………………….x………………………x…………….. (to be filled by the School office)  **BPS Public School**

**Acknowledgement of Registration** Name of the child

Registered for Admission to grade/class session Appear for admission test/Interview on at Signature of School office Date