

PARENTS INFORMATION

Father's Name : _____ Date of Birth : _____

Caste/Community : _____ Religion : _____ Nationality : _____

Educational Qualification : _____

Work/ Business Address : _____

Telephone No.: _____ Mobile No.: _____ E-mail : _____

Details of the last School your Son/ Daughter Attended/ Attending : _____

Father's Signature

Mother's Signature

In cases of Emergency, if parent / guardian is not available, please contact:

Name : _____ Contact number : _____

Family Physician's name and contact : _____

Parents' Declaration

In case of emergency the school management may call the Physician or any other available Physician to examine my Son/ Daughter. Please tick Yes or No

Please note that without such permission the school management assumes no responsibility for emergency medical attention.

I agree not to hold BTIS School and the Management responsible for any possible illness, injury, accident or death to my Son/ Daughter, while in the school campus or otherwise.

I understand that in case of withdrawal of my child at any time after admission

* The fees for the entire year has to be paid

* Only the refundable security deposit will be returned, after two months of the written application.

Father's Signature

Mother's signature

FOR OFFICE USE ONLY

Documents attached:

1. Birth Certificate
2. Medical Certificate
3. Three passport size photographs
4. Post card size photograph of child with Parents
5. Transfer Certificate
6. Copy of the Latest Report Card