

Registration Form Number: _____

PEEK-A-BOO REGISTRATION FORM

A UNIT OF BJS PUBLIC SCHOOL

Space for the
Photograph of
the Child.

Registration Form for the class _____ Session: 20____-20____

1. PERSONAL INFORMATION OF THE CHILD:

Child's Full Name in Capital Letters: (As Per DOB Certificate) _____

Date of Birth: In Numbers: _____, In Words: _____

Gender: (Male/Female/Other) _____ Nationality & Religion: _____

Category: Gen/SC/ST/OBC _____ Aadhar Number: _____

2. PARENT/GUARDIAN INFORMATION:

Father's Full Name (As Per the DOB of the Child): _____

Mother's Full Name (As Per the DOB of the Child): _____

Education Qualification of Father: _____ Mother: _____

Contact Number (Father): _____ Contact Number (Mother): _____

Email (Father) _____ Email (Mother) _____

Office Address: _____

Residential Address: _____

Distance of the school from your home in Km.: _____

3. HOW DID YOU HEAR ABOUT OUR SCHOOL?

DECLARATION:

I hereby declare that the information provided above is true and accurate to the best of my knowledge. I understand that any false information may result in the rejection of the application.

Signature: _____ Date: _____

DOCUMENT REQUIRED

1. Date of Birth Certificate of the Child,
2. Photograph of the child
3. Address Proof
4. Copy of Aadhar Card

ACKNOWLEDGEMENT SLIP

Dear

Thank you for submitting the registration form of your child _____ for admission to our _____ class at **BJS Public School** under Application ID _____. We appreciate your interest in choosing our school for your child's early education. Our admissions team will review the information provided, and you will be notified of the status of the application in due course.