SAMPLE FORM ONLY. NOT TO BE PRINTED

Form No.:	
Scholar No.	BILLABONG HIGH

Seeking Admission for (in capital letters)

LastName

Mister / Miss

Please affix a recent photograph of the child. Size- 2.5 cm x 3.5 cm

Middle Initial

Application for Admission (2025-26) (To be filled by Parent/Guardian of the Child)

First Name

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ate of Birth (DD/M	IM/YY)/_		_ Place of Birth	:	Sama	agra ID		
ate of Birth in wor	ds							
					(as entered in th	e TC from the prev	iousschool)	
			(Please submit supporting copy of card)					
eeking Admission in	Grade		(in words)					
ument Residential A	ddress							
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Previous school	is attended, if any:		Pin Code:	Te Academic	i: Grade			

Family information			
Mother's Name		Occupation	
Qualification	Designation		Mother's photograph Size- 2.5 cm x 3.5 cm
Name of Organization / Employer			
Address (Business / Office)			
Contact Details			
1. Contact No			шш
Father's Name		Occupation	
Qualification		Designation	Father's photograph Size- 2.5 cm x 3.5 cm
Name of Organization / Employer			
Address (Business / Office)			
Contact Details			
1. Contact No.			
2. E-mail			
Name of Guardian		Relation to Child	
Occupation of Guardian	,	Qualification	
Name of Organization / Employer		Designation	
Address (Business / Office)			
Contact Details			
1. Contact No.]		
2. E-mail			
Are parents divorced / living separately?		If yes, who has custody of the child? Plea	se attach documents.
Yes No No		Father Mother	
Mode of Communication			
Please specify the ID's for alerts via email and SMS.			
The confirmation of admission and all subsequent comm	municati	on will be sent to the below mentioned contact of	letails only.
• E-mail			
SMS alert	\$125177		
Emergency No			

Family information (continued) Details of real brother(s) & sister(s) in chronological order: M/F Name School Age Grade Brief History of Child Has the child ever been tested (or referred for testing) for a learning, behavioural, emotional or physical disability? ☐ Yes No If yes, please describe: 2. Has the child ever been evaluated by a psychiatrist, psychologist, speech/language therapist or other specialist? Yes No If yes, which specialist (s)? 3. Has the child ever repeated or skipped a grade in school? Yes No If yes, which grade?_____ Yes Has the child been suspended/expelled from any other school? No If yes, please explain the circumstances ____ 5. Is the child adopted? Yes If yes, kindly attach Adoption Certificate (Notarized copy). 6. Is the child living with father and/or mother? Father Mother Health Information Name of child's doctor. Address: Family Physician's Name: Contact No.: Serious accidents / illness / operations: ______ 4. Allergies: Special care (if required):_____

Handicaps (eyes, ears, feet, etc.):_____

DECLARATION

- The date of birth given in this form is as per the entry in the birth certificate and my child's transfer certificate from the school last attended (if applicable). I fully understand that the school will not entertain any subsequent request for the change in date of birth.
- I agree to my child's photograph appearing in any Billabong High or Kangaroo Kids brochures or publications or any mass media.
 The undersigned certifies that the following are acceptable to him/her-
 - Fees once paid are neither refundable nor transferable under any circumstances, "CHEQUE / DEMAND DRAFT" to be made in favour of "MACRO EDUCATION SOCIETY" payable at Bhopal.
 - Transfer of students to other Billabong High International Schools will be as per terms and conditions of student transfer policy in force at the time of transfer.
 - 3. Management's right to implement changes in the fee structure and curriculum from time to time as the circumstances may warrant.
 - Management's right to retain work books / activity books / any material used by students in class.
 - A minimum of 75% attendance is compulsory for promoting the child to the next higher class, along with other criteria.
 - Parents need to sign "Extract of school policies" and "undertaking for swimming and field trips" to enable the child to take part in swimming and field trips respectively.
 - 7. While Billaborg High International School shall take utmost care of children when they are in school custody and ensure that it shall comply with all possible safety measures to prevent any accident or mishap, I agree not to hold the school responsible for any possible illness, accident or injury during classes, commuting by school transport, school organized activities or on the school premises. I hereby verify that I have read, understood, and accepted the statements above.

The undersigned certifies that each part of the application and the information inserted herein has been carefully read and is found to be true and correct. I undertake to abide by the terms and conditions.

Father's Signature	Mother's Signat	ure	Date				
TRANSPORT FACILITY							
Mode of Transport - School Bus	OwnTransport-	Private	Van 🔲				
For School Bus only-							
Centralised Pick-up and drop-off point _			Tentative Bus No.				
Thereby agree to cooperate with the scho	ool by leaving / meeting my child	at the bus stop fixed by t	the school.				
Remark:		59 63 <u>1211111111111111111111111111111111111</u>					
Father's Signature	Mother's Signat	ure	Date				
	FOR OFFICE U	ISE ONLY					
Child interviewed by (if applicable)	:						
CLT paper checked by (if applicable)	8						
Admission recommended for grade	1						
Signature		Date)				



Ne elbad, Bhopal-462 044

Tel.: 9109914228, 9109914229, 0755-2696799, 2696818 Office Timing: Mon-Sat, 9 a.m. to 3 p.m.

E-mail: admissions@bhisbhopal.edu.in www.bhisbhopal.edu.in