



THE BRITISH SCHOOL

New Delhi, India

Dr. Jose P. Rizal Marg, Chanakyapuri, New Delhi 110021

Tel: +91 11 24102183, 24678524, 24671006, 24104931 Fax: +91 11 26112363

Email: admissions@british-school.org Website: www.british-school.org

Registration No. : _____

FAMILY INFORMATION

I Student Information :

1. First Name _____ Middle Name _____

Last Name _____

2. Admitted in Class & Section _____ Gender _____ Nationality _____

3. Date of Birth _____ Place of birth _____ Religion _____

5. Full Permanent Address _____

6. Billing address (if different from above) _____

7. Student Email ID (if any) _____ Student Mobile number _____

8. Mother Tongue _____ Language spoken at home _____

9. Passport Number _____ Place of issue _____ Date of expiry _____

PREVIOUS SCHOOLS/PRE SCHOOLS (Starting with the most recent)	FROM	TO	COUNTRY	SYSTEM OF EDUCATION

For admission to the Secondary School (Yrs 7-13), please ask the previous school to complete the 'Previous School Details' form.

10. Does your child have a Special Educational Need? No Yes Please specify if yes.

11. Has she/he been in any language support programme? No Yes

CATEGORY _____

Receipt No. : _____

FOR OFFICE USE ONLY

Date of Registration Payment _____ Date of admission _____

Paid Rs _____ Received by _____

Special Educational needs requirement No Yes Head of department informed No Yes

Special Health needs requirement No Yes Head of department informed No Yes

Please complete this section accurately in block capitals as these are the only contact details we have for you.

II. FATHER/GUARDIAN INFORMATION

Full Name _____

Full Current Address (if different to above) _____

Full Office Address _____

_____ Pincode _____

Phone (Res.) _____ (O) _____

Mobile _____

Email _____

Nationality _____

Date of Birth _____

Educational Qualifications _____

Name of Organisation _____

Occupation _____

Designation _____

Please tick relevant professional areas:

Diplomat

Manufacturing Trading Construction Finance

Hotel & Tourism Doctor Lawyer Civil Servant

Journalist Engineer Architect Banking

Educationist Artist Aid Agency Fashion

Industry InformationTechnology Other

Self Employed : Yes No

Marital Status : Married Separated Divorced

Alumnus Yes No

Signature

MOTHER/GUARDIAN INFORMATION

Full Name _____

Full Current Address (if different to above) _____

Full Office Address _____

_____ Pincode _____

Phone (Res.) _____ (O) _____

Mobile _____

Email _____

Nationality _____

Date of Birth _____

Educational Qualifications _____

Name of Organisation _____

Occupation _____

Designation _____

Please tick relevant professional areas:

Diplomat

Manufacturing Trading Construction Finance

Hotel & Tourism Doctor Lawyer Civil Servant

Journalist Engineer Architect Banking

Educationist Artist Aid Agency Fashion

Industry InformationTechnology Other

Self Employed : Yes No

Marital Status : Married Separated Divorced

Alumnus Yes No

Signature

III. Fee Payment by: Self Company

Billing Address (if Company pays) _____

IV. If any Brother/Sister in the School: Yes No

If Yes, Name _____ Year Group & Section _____

V. Duration of stay in India _____

THIS FORM MUST BE ACCOMPANIED BY THE FOLLOWING:

- One passport size photograph
- Proof of date of birth
- Proof of nationality of child & parents
- Registration fee
- Previous schools reports / transcripts
- The registration fee is not refundable. The mere fact of registration is in no way, a guarantee of admission. All candidates will be required to attend a testing session when notified. Both parents if possible must accompany the child when called for an interview.