



# 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 Secondary School (yrs 7-13) please ask previous school to complete enclosed 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** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Receipt No. : \_\_\_\_\_

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

**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

Alumni  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

Alumni  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.