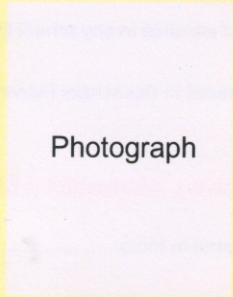




**The Bangalore School**  
Excellence in early childhood



## Student Enrollment Information Form

Student Identification: M  F

First Name ..... Middle Name .....

Last Name ..... Other Name if applicable .....

Birth Date ..... Birth Place .....

Birth Country ..... Grade in June .....

Family Residential Address:

Father's Name ..... Mother's Name .....

Mob: ..... Office ph: ..... Mob: ..... Office ph: .....

Email ID..... Email ID.....

Street Address .....

City ..... State ..... Pin .....

Home Phone .....

### Medical Survey: Place a check in the box. If the answer to the corresponding question is yes

- Has your child been diagnosed with a medical condition which may require special consideration during school hours?
- Does the medical condition affect his/her participation in routine school activities/programs?
- Does your child require any special health procedure(s) during the regular school day?
- Is it necessary for your child to take any kind of prescriptive medication?

If you answered YES to any of these questions, please complete the Special Health Condition card.  
Note: Required forms must be on file in the school office before any prescription or over the counter medication may be taken at school.

### Home Language Survey: Please answer the following questions by filing

- Which language did your son/daughter learn when he/she first began to talk?
- Which language do you use most frequently to speak to your son/daughter?
- What language does your son/daughter most frequently use at home?
- What is the language most often spoken by the adults at home?

The following information is required if a Second Language other than Hindi/Kannada/French is indicated in any of the above boxes

Date first enrolled in any school (Month and Year).....

Date entered in this school (Month and Year).....

**The following information is required if your child was not born in India:**

Date entered in India:.....If the child holds another country Citizenship/Greencard holder.....

Month & Year ..... No.....

Place a check in the box if the answer to the question is YES (Pre K& K1)

Has your child previously been enrolled in programs or classes for special needs students?

**Information about the previous school attended**

School Name.....

Area ..... Grade Level at Previous School .....

School Address .....

City ..... State ..... Pin code.....

**Non-Resident Parent: Name and address of parent not residing with the student who should receive copies of report cards: (NRIs)**

First Name ..... Last Name .....

Home Ph ..... Email ID .....

Address .....

City ..... State ..... Pin code.....

**Restrained Individual: Name of the Person who by court decree' is not allowed to pick up your child from school. Note: A copy of court decree must be on file in the office before the school can honour this statement.**

First Name ..... Last Name .....

Relationship with the Child .....

*I understand it is my responsibility to notify the school should any information change. I verify all the information above to be true and accurate*

Parent Signature:..... Date:.....

FOR OFFICE USE ONLY: Birth date verified by..... Residence Verified by.....

Date Entered..... From ..... Date Left ..... To .....

Residence verification: Temporary/Permanent.....

Drivers License..... (Proof of residence)