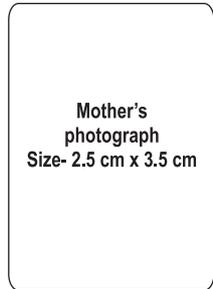


Family information

Mother's Name	Occupation
Qualification	Designation
Name of Organization / Employer	
Address (Business / Office)	

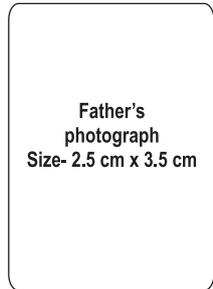


Contact Details

1. Contact No.

2. E-mail

Father's Name	Occupation
Qualification	Designation
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? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, who has custody of the child? Please attach documents. Father <input type="checkbox"/> Mother <input type="checkbox"/>
---	---

Mode of Communication

Please specify the ID's for alerts via email and SMS.

The confirmation of admission and all subsequent communication will be sent to the below mentioned contact details only.

- E-mail _____
- SMS alert _____
- Emergency No. _____

Family information (continued)

Details of real brother(s) & sister(s) in chronological order:

	Name	Age	M/F	School	Grade
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Brief History of Child

1. 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? _____

4. Has the child been suspended/expelled from any other school?

Yes No

If yes, please explain the circumstances _____

5. Is the child adopted?

Yes No

If yes, kindly attach Adoption Certificate (Notarized copy).

6. Is the child living with father and/or mother?

Father Mother

Health Information

1. Name of child's doctor: _____
Address: _____

2. Family Physician's Name: _____ Contact No.: _____

3. Height: _____ Weight: _____

4. Serious accidents / illness / operations: _____

5. 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-
 1. **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.
 2. 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.
 4. Management's right to retain work books / activity books / any material used by students in class.
 5. A minimum of 75% attendance is compulsory for promoting the child to the next higher class, along with other criteria.
 6. While Billabong 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, 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 Signature _____ Date _____

TRANSPORT FACILITY

Mode of Transport - School Bus Own Transport - Private Van

For School Bus only -

Centralised Pick-up and drop-off point _____ Tentative Bus No. _____

I hereby agree to cooperate with the school by leaving / meeting my child at the bus stop fixed by the school.

Remark: _____

Father's Signature _____ Mother's Signature _____ Date _____

FOR OFFICE USE ONLY

Child interviewed by (if applicable) : _____

CLT paper checked by (if applicable) : _____

Admission recommended for grade : _____

Signature _____ Date _____



BILLABONG HIGH
INTERNATIONAL SCHOOL

Neelbad, 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