



# THE BRIGADE SCHOOL

@ Malleswaram

Brigade Gateway Enclave, Railway Parallel Road Entrance,

Malleswaram West, Bengaluru - 560055

Tel: +918041411581 / +919686601107

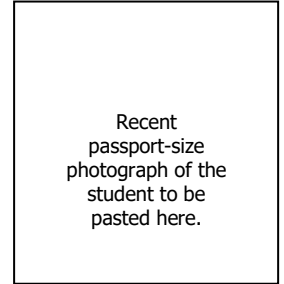
E-mail: [tbsgcommunication@brigadeschools.edu.in](mailto:tbsgcommunication@brigadeschools.edu.in)

Website: [BrigadeSchools.edu.in](http://BrigadeSchools.edu.in)

Date .....

THE BRIGADE SCHOOL

## Expression of Interest Form 2023-24



### Admission required for:

- |           |         |         |         |         |          |         |
|-----------|---------|---------|---------|---------|----------|---------|
| • NURSERY | • LKG   | • UKG   | • STD 1 | • STD 2 | • STD 3  | • STD 4 |
| • STD 5   | • STD 6 | • STD 7 | • STD 8 | • STD 9 | • STD 10 |         |

PLEASE USE **CAPITAL LETTERS ONLY**. WHEREVER BOXES ARE PROVIDED, MARK YOUR CHOICE WITH A "✓".  
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

### A. BACKGROUND DETAILS

FULL NAME OF THE STUDENT .....  MALE  FEMALE  
(As it should appear in official school certificates)

DATE OF BIRTH

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(No alteration will be allowed) DATE MONTH YEAR

STS No. (If Applicable): .....

Aadhaar Card No. : .....

NATIONALITY ..... RELIGION ..... MOTHER TONGUE .....

DOES THE STUDENT BELONG TO SCHEDULED CASTES, SCHEDULED TRIBES OR OBC AS PER GOVT LIST?  NO  SC  ST  OBC

NAME OF FATHER ..... QUALIFICATIONS .....

DESIGNATION, ORGANISATION & OFFICE ADDRESS .....

ANNUAL INCOME ₹: .....

OFFICE PHONE ..... MOBILE\* ..... E-MAIL\* .....

NAME OF MOTHER ..... QUALIFICATIONS .....

DESIGNATION, ORGANISATION & OFFICE ADDRESS .....

ANNUAL INCOME ₹: .....

OFFICE PHONE ..... MOBILE\* ..... E-MAIL\* .....

PARENTS' RESIDENTIAL ADDRESS: .....

Locality ..... City ..... State: .....

PIN CODE ..... RESIDENCE PHONE: .....

\* **It is mandatory to underline the preferred mobile no. and e-mail id for communication.** These will be the registered contact details and the school will interact using these details only. Use personal e-mail id only, written in capital letters. Do not use office e-mail id, as the mails may be directed to spam.

**B. PERSONAL DATA**

- 1. BLOOD GROUP: .....
- 2. DOES THE STUDENT HAVE A MAJOR AILMENT / ALLERGY THAT THE SCHOOL SHOULD KNOW ABOUT?.....
- 3. ANY OTHER INFORMATION .....
- 4. DETAILS OF BROTHERS/SISTERS OF THE STUDENT

NAME	AGE	INSTITUTION STUDYING IN	STANDARD

**C. DETAILS OF PREVIOUS STUDY (If applicable)**

- 1. NAME AND ADDRESS OF THE SCHOOL/PLAYSCHOOL IN WHICH THE STUDENT LAST STUDIED
- 2. STANDARD STUDYING IN AT PRESENT ..... MEDIUM OF INSTRUCTION .....
- 3. IS THE PREVIOUS SCHOOL AFFILIATED TO:  State Board  C B S E  I C S E  OTHERS (Specify) .....
- 4. LANGUAGES THE STUDENT HAS PREVIOUSLY STUDIED: SECOND LANGUAGE: ..... STUDIED FROM STD .....
- THIRD LANGUAGE: ..... STUDIED FROM STD .....
- 5. AWARDS WON SO FAR IN SPORTS/CO CURRICULAR/ACADEMICS/OTHER.....

**D. ENCLOSURES (without which admission will not be completed)**

THE FOLLOWING DOCUMENTS (**recently attested copies**) MUST BE PRODUCED ALONG WITH THE COMPLETED FORM (stapled to the top left-hand corner):

- 1. BIRTH CERTIFICATE
- 2. LATEST PROGRESS REPORT CERTIFIED BY THE SCHOOL IN WHICH THE STUDENT LAST STUDIED / BONA FIDE CERTIFICATE FROM THE PRINCIPAL OF THE SCHOOL WHERE THE CHILD IS STUDYING
- 3. TAHSILDAR'S CERTIFICATE FOR SCHEDULED CASTES, SCHEDULED TRIBES & OTHER BACKWARD CLASS
- 4. AADHAAR CARD

**E. MISCELLANEOUS**

HOW DID YOU COME TO KNOW ABOUT THIS SCHOOL?

- Website  Friends/Workplace  Others (Please specify) .....

MENTION YOUR FIVE EXPECTATIONS FROM THE SCHOOL

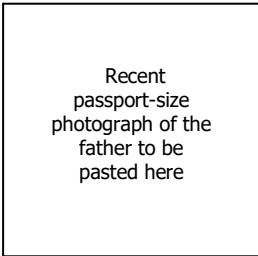
- 1) .....
- 2) .....
- 3) .....
- 4) .....
- 5) .....

Please tick the appropriate box to indicate how you can support the school

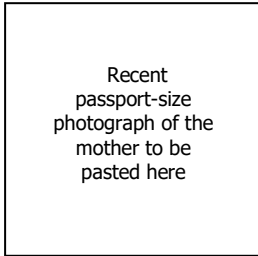
- 1) Accompanying children on day trips
- 2) Help with Annual Day
- 3) Substituting classes
- 4) Storytelling
- 5) Subject concept & introduction
- 6) Others: .....

**F. PARENT DETAIL**

1. FATHER'S NAME: .....  
FATHER'S SIGNATURE: .....  
DATE: .....  
AADHAAR CARD No.: .....



2. MOTHER'S NAME:.....  
MOTHER'S SIGNATURE:.....  
DATE: .....  
AADHAAR CARD No.: .....



Reconfirmed Registered Correspondent details:

Mob No.: ..... / E-mail Id: .....

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**FOR THE USE OF SCHOOL ONLY**

Follow-up details:

Date:

Admin Executive

PRINCIPAL

BF HEAD

Date:

Date: