BRIGHT EYE GLOBAL SCHOOL

Nurturing Holistically...

D-755, Behind Markaz Dawatul Haque Madrsa, Khadda Colony, Jaitpur Extn.-II, New Delhi-44
Contact No. +91-8744870244, 8744870202; E-mail: info.brighteye@gmail.com

Admission Form 2025-26

Form No.

Registration No. _____
[For office use only]

Student's Photo

Class in which Admission is Sought
[Write in Capital Letter]

Full Name of the Student

Date of Birth (DD/MM/YYYY) **Date of Birth in Words**

Blood Group **Religion** **Nationality**

Sex Male Female **Student's Aadhaar No.**

Residential Address

Whom to Contact in an Emergency (Please Tick)

Father Mother Other Relation Name Contact No

WhatsApp No. for information/updates/WhatsApp Group

Family Information

Father's Name:	Edn. Qualification:
Mother's Name:	Edn. Qualification:
Guardian's Name (If Applicable):	Edn. Qualification:
Father's E-mail I'd:	Mobile No.:
Mother's E-mail I'd:	Mobile No.:
Father's Occupation:	Mother's Occupation:
Family Monthly Income:	

Is the child physically challenged? ☐ Yes ☐ No

If Siblings are there in this school, Their Details

Name	Class	Registration No.

Previous School Attended _____ **Class Passed** _____

How you (any or both parents) can be beneficial for the school OR Can help the school (any specific qualification/ experience), please specify _____

_____

Medical Problem, If Any _____

Note

1. Please attach the attested copy of Birth Certificate, Residential Proof, Aadhaar Card, Medical Fitness Certificate from a qualified doctor, Blood Group Certificate and five Passport size Photographs.
2. Fill the form correctly and completely. If the form is incorrect or incomplete, it may be rejected.

Undertaking

I/We, _____, father and _____, mother of _____ hereby certify that the information given in the admission form is complete and accurate. I/we understand and agree that misrepresentation, concealment or omission of facts will justify the denial of admission/ cancellation of admission or expulsion.

I/we have understood and do hereby consent to the terms and conditions of the registration. Please resister my/our ward named above in your school as a day scholar.

_____
Signature of Father/Guardian

_____
Signature of Mother/Guardian

Father's Photo

Mother's Photo

Date : _____

FOR OFFICE USE ONLY

Check-List

- ☐ Birth Certificate
- ☐ Aadhaar Card
- ☐ Address Proof
- ☐ Admission Fee
- ☐ Medical Certificate
- ☐ Blood Group Certificate
- ☐ Previous Class Mark-sheet/ School Leaving Certificate

Information

Class : _____

Section : _____

Registration No.: _____

Received By : _____

Date : _____

Principal's Sign : _____