

# ADMISSION FORM

# EXCELLENCE PUBLIC SCHOOL

"Empowering Minds, Shaping Futures"

Affiliated to MPBSE

English Medium (CBSE Pattern) | Nursery to 8th Class

Address: 1, Baghmugaliya Extension, Laharpur, Bhopal - 462043

Session: 20.... to 20..... | Date.....

Application Form No..... Scholar No.....Admission No.....

Student Name: \_\_\_\_\_

Class Applied for \_\_\_\_\_ In Words \_\_\_\_\_

Date of Birth  Age

Date of Birth In Words \_\_\_\_\_

Aadhar No.

SSSID: \_\_\_\_\_ Family ID. \_\_\_\_\_

Gender : \_\_\_\_\_ Blood Group \_\_\_\_\_ Mother Tongue: \_\_\_\_\_

Health Information \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Caste :  General  S.T.  S.C.  OBC  Any Other

Mother's Qualification: \_\_\_\_\_ Occupation \_\_\_\_\_

Office Address: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Email ID: \_\_\_\_\_

Father's Qualification: \_\_\_\_\_ Occupation \_\_\_\_\_

Office Address: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Email ID: \_\_\_\_\_

Paste One  
Colored  
Photograph  
With Date

## Academic Background:

Previous School Name. \_\_\_\_\_

Year of Completion \_\_\_\_\_ Previous Class Completed \_\_\_\_\_

Pass  Fail  Percentage/Grade Obtained: \_\_\_\_\_

## Additional Information:

Does the student have any special needs? [ ] Yes [ ] No

If Yes, please specify: \_\_\_\_\_

Extracurricular Interests: \_\_\_\_\_

(e.g., Sports, Music, Art – let your child shine!)

## Included Documents Copies:

Birth Certificate  Previous Academic Records  Proof of Residence

Transfer Certificate  Passport-size Photograph (4 copies, please!)

Aadhar Card  Father ID Proof  Family Photograph

I hereby declare that all information provided is true and accurate. I understand that falsified details may result in cancellation of admission. We also agree to undertake all financial responsibility with respect to the admission and during the academic year.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_ Phone Number. \_\_\_\_\_

Address: \_\_\_\_\_

Submit this form with all required documents to the School Excellence Public School Office  
Admissions are subject to seat availability and eligibility.

## For Office Use Only

Date: \_\_\_\_\_

Date of Admission \_\_\_\_\_ for Class \_\_\_\_\_ for The Session \_\_\_\_\_

Amount Deposit \_\_\_\_\_ Fee Slip No \_\_\_\_\_ .Cash/UPI/Cheque. \_\_\_\_\_

Entrance Test Result \_\_\_\_\_

Signature of Accountant: \_\_\_\_\_ Principal Signature: \_\_\_\_\_

*Join us in shaping a brilliant future of Your Child!*