Admission Enquiry Form – 20 __ __

Student Name:

_____

Date of Birth & Age:

_____

Admission sought for the class: _____

Previous studied school name: _____

If any sibling studying in Bright Academy, please mention their name and class:

Name: _____Class:

_____

Mother's Name:

_____

Father's Name:

_____

Communication Address: _____

_____

_____

Contact Number:

_____

Alternate contact Number: _____

E-mail ID:

_____

Person referred our school for admission:

Our School Teacher/Staff: ☐ Any social media: ☐

Your Friend: ☐ Your family relatives: ☐

☐

Our School Parent:

Remarks: _____

_____

Date: _____ **Signature**

Name:

_____

Contact No.:

_____