

# BRAINIAC HERITAGE SCHOOL

(Under the aegis of H.A. EDUCATIONAL & WELFARE TRUST)

Vill: Cheora, P.O: Sarisha, Pin: 743 368, P.S: Diamond Harbour,  
Dist: South 24 Parganas, West Bengal

*A PROMISING CO-ED CBSE (CURRICULUM) SCHOOL*



## ADMISSION FORM

**WELL QUALIFIED, EXPERIENCED TEACHERS & STAFF**

### OUR SPECIAL FEATURES



**AIRY / SPACIOUS CLASS ROOMS**



**MASSIVE PLAY-GROUND**



**ATTRACTIVE INDOOR & OUTDOOR GAMES**



**CO-CURRICULAR ACTIVITIES**



**SCIENCE & COMPUTER LABORATORIES**



**PARENT-TEACHER CORDIAL RELATION**



**LIBRARY**

**-: OUR MOTTO :-**

**★ AIMING FOR EXCELLENCE ★**



# BRAINIAC HERITAGE SCHOOL

(Under the aegis of H.A. EDUCATIONAL & WELFARE TRUST)

Vill: Cheora, P.O: Sarisha, P.S: Diamond Harbour,  
Dist: South 24 Parganas, Pin: 743 368, West Bengal

PHOTOGRAPH  
OF  
CHILD

SERIAL NO. : **985**

ADMISSION NO. : \_\_\_\_\_

DATE : \_\_\_\_/\_\_\_\_/\_\_\_\_

DATE : \_\_\_\_/\_\_\_\_/\_\_\_\_

## STUDENT'S INFORMATION

1. NAME OF STUDENT :   
(IN BLOCK LETTERS)

2. DATE OF BIRTH :  /  /

3. CLASS APPLIED FOR :

4. GENDER :

5. HEIGHT :  cm

6. WEIGHT :  kg

7. BLOOD GROUP :

8. LANGUAGES SPOKEN AT HOME :

9. MOTHER TONGUE :

10. LAST SCHOOL ATTENDED :   
(FULL NAME IN CAPITALS)

11. BOARD AFFILIATED TO :

12. MEDIUM OF INSTRUCTION :

13. CLASS STUDIED LAST/PROMOTED TO :

14. NATIONALITY :

15. RELIGION :

16. PLACE OF BIRTH :

17. HEALTH INFORMATION :

18. PHYSICAL/MENTAL DISABILITY & MEDICAL HISTORY  
WITH SUPPORTIVE DOCUMENTS (IF ANY) :



# BRAINIAC HERITAGE SCHOOL

(Under the aegis of H.A. EDUCATIONAL & WELFARE TRUST)

Vill: Cheora, P.O: Sarisha, P.S: Diamond Harbour,  
Dist: South 24 Parganas, Pin: 743 368, West Bengal

PHOTOGRAPH  
OF  
MOTHER

PHOTOGRAPH  
OF  
FATHER

## PARENT'S INFORMATION

1. NAME OF FATHER (IN BLOCK LETTERS) :

2. DATE OF BIRTH :  /  /

3. ACADEMIC QUALIFICATION

4. PERMANENT ADDRESS:

5. OCCUPATION (EMPLOYED OR SELF-EMPLOYED)

6. OFFICE ADDRESS:

7. ANNUAL INCOME :

8. CONTACT NO. :  
(PLEASE NOTIFY WHEN CONTACT NO. IS CHANGED) :

9. E-MAIL ADDRESS:

10. LANGUAGES KNOWN:

21. NAME OF LOCAL GUARDIAN (IN BLOCK LETTERS IF ANY) :

22. ADDRESS :

23. CONTACT NO. :

**DECLARATION** : I undertake to state that I shall co-operate with the School authorities in every respect to enable them to educate my ward according to the prevalent rules and regulations or such others as may be framed from time to time. I agree to the rule that fees once paid non refundable.

DATE :  /  /

PLACE : \_\_\_\_\_

SIGNATURE: 1. FATHER : .....

2. MOTHER : .....

3. LOCAL GUARDIAN : .....

**NOTE** : 1. THE XEROX COPIES OF THE BIRTH CERTIFICATE, MARK-SHEETS OF THE PREVIOUS SCHOOL AS THE CASE MAY BE, SHOULD BE ATTACHED.

THE ORIGINAL CERTIFICATES ALONG WITH THE PASSPORT SIZE PHOTO OF THE CANDIDATE IS REQUIRED AT THE TIME OF ADMISSION.

2. BOTH PARENTS HAVE TO ATTEND THE COUNSELING SESSION.

### FOR OFFICE USE ONLY

DATE OF INTERVIEW :  /  /

PARENT/ GUARDIAN ATTENDED : \_\_\_\_\_

REMARKS : \_\_\_\_\_

.....  
SIGNATURE OF THE PRINCIPAL