



# BLOOMS ACADEMY, SATNA

Application for admission for a Border/Day Scholar  
(To be completed by the Parents/Guardian)

Affiliation No.-1030207

School Code :- 50183

1. (a) Scholar's Name in full.....  
(in Block Capital, as per Transfer Certificate)

(b) Does the child belong to Scheduled Caste/Tribe? Yes/No.....

2. Date of Birth (a) In words.....

(b) In figures.....

3. Certified that the date of birth mentioned is correct and will NOT be changed in future.

4. Name of the previous School.....

5. Name of Examination Board to which the previous school is affiliated.....

6. Class to which admission required.....

7. Class in which last studying.....

8. Is transport required? .....

9. Father's name, occupation and qualification .....

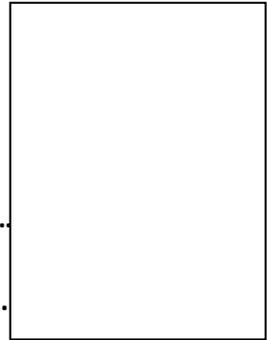
10. Mother's name, occupation and qualification .....

11. (a) Permanent address with Telephone No.(if any).....

(b) Address for communication with Telephone No.(if any).....

12. In Case of Boarding Guardian's name, occupation and address(Local address and telephone No.  
(if any to be mentioned).....

13. Are any of your children studying/have studied in the school? If so give name & class  
.....



I desire that my Son/Daughter.....may be admitted as a Boarder/Day Scholar in Blooms Academy Satna I have carefully read the prospectus containing all the regulations and requirements of the School and will do all in my power to abide by them. I further agree to give one month's notice of withdrawal in March/Nov. from the School and School Bus to take effect from the 1<sup>st</sup> of some given month or to pay for the entire academic session.

Date .....

Signature of Parent

The following documents must be submitted in support of the application:-

- 1) Transfer Certificate from the Scholar's last School without which the child will not be admitted.
- 2) A medical Certificate from a registered medical practitioner testifying to the scholar's health, dates of vaccination and inoculation, and that he/she is free from any serious disorder or defects and has had no recent contact with persons suffering from an infectious disease.
- 3) Photostat Mark Sheet/Report Card.

#### ENROLMENT

(To be completed by the Admission Office)

Admitted to class.....on.....Transfer Certificate.....

Status.....House.....

Date.....

Principal

Date Of Admission .....

Scholar No. ....

Receipt No .....

Adm No.....

**TO BE SIGNED BY A QUALIFIED MEDICAL PRACTITIONER**

**Certified  
that.....**

**Son/Daughter of.....is Joining the school  
in good health and is physically fit to take part in games, athletics and all normal school  
activities.**

**Blood Group: .....**

**Date: .....**

**Signature.....**