



**PSBB Learning  
Leadership Academy**

# PSBB Learning Leadership Academy Bangalore

Tel: 080 - 26484901 / 02, 2783 7021 / 22

**REGISTRATION FORM for Admission - Year 20 - 20**

Photo  
Recent Passport Size

*To be filled in by the office*

**REGISTRATION / ADMISSION NO**

**CLASS**

*Please fill up in Capital Letters. Incomplete & illegible forms will be rejected.*

1. Name of the Child \_\_\_\_\_ Male  Female

2. Date of Birth (DD/MM/YYYY) :

3. Nationality : \_\_\_\_\_ Blood Group \_\_\_\_\_

4. Mother Tongue : \_\_\_\_\_ Religion : \_\_\_\_\_ Caste (Optional) : \_\_\_\_\_

5. Indicate Category as per Govt Schedule if Applicable : Anglo Indian  SC  ST  OBC

6. Residential Address in full : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Approximate Distance (in Km) of the Residence from the School : \_\_\_\_\_ Kms. Res. Ph.: \_\_\_\_\_

8. Mode of Transport to Commute to School : Walk  Cycle  Two Wheeler  Car  Hired

9. Would You Avail Bus / Van Facility if Provided By the School ? : Yes  No

*(School bus/van facility may be provided depending on overall response & route feasibility)*

10. Father's Name : \_\_\_\_\_  
Educational Qualification : \_\_\_\_\_  
(Specify University / Institution)

Occupation : \_\_\_\_\_

Name of the Organisation : \_\_\_\_\_ Designation : \_\_\_\_\_

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

Phone : Off: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail ID : \_\_\_\_\_

11. Mother's Name : \_\_\_\_\_  
Educational Qualification : \_\_\_\_\_  
(Specify University/Institution)

Occupation : \_\_\_\_\_

Name of the Organisation : \_\_\_\_\_ Designation: \_\_\_\_\_

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

Phone: Off: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail ID : \_\_\_\_\_

12. Annual Income : Father: \_\_\_\_\_ Mother: \_\_\_\_\_

13. Is the Parent on Transfer : YES  \_\_\_\_\_ NO   
From Outside Bangalore/India ?  
If Yes, Specify Whether Central/ State Govt  
or Private Co. Employee

**Details of Previous Study of the Child (If Applicable)**

14. Name of the School In Which: \_\_\_\_\_  
the Child is Now Studying /  
Last Studied Country : \_\_\_\_\_ State : \_\_\_\_\_  
City : \_\_\_\_\_

Class studying at Present / Last Studied: \_\_\_\_\_  
Languages Studying/Studied in the Previous School: Second Language \_\_\_\_\_  
Third Language \_\_\_\_\_

15. Class Into Which Admission is Now Sought :

16. Choice of Language for : **Second Language:**  
Academic Session Now Std I to III - Hindi  or Kannada   
Applied Std IV to X - Hindi  Kannada  or Sanskrit   
**Third Language:**  
Std VI to VIII - Hindi  Kannada  or Sanskrit

17. Any Special Information You May Want to Include : \_\_\_\_\_

18. Does the Child Have Any Major Ailment/Allergy : YES  NO  If yes, specify \_\_\_\_\_

19. Is the Child Physically Challenged? YES  NO  If yes, specify \_\_\_\_\_

20. **Have You Also Applied for Any Sibling In This school? If Yes, Please Mention:**

a. Name \_\_\_\_\_ Class applied for \_\_\_\_\_  
b. Name \_\_\_\_\_ Class applied for \_\_\_\_\_

21. **Are There Any Sibling Already Studying In This School? If Yes, Please Mention:**

a. Name \_\_\_\_\_ Class \_\_\_\_\_  
b. Name \_\_\_\_\_ Class \_\_\_\_\_

**Declaration**

I, the Parent (Father/Mother) of \_\_\_\_\_ seeking his/her admission in the School, solemnly declare that the information furnished above is absolutely true and that if found factually wrong at any time after the admission during his/her stay in the school, I shall abide by the decision of the school authorities without any plea or protest. I also agree to abide by the rules and regulations of the School in all aspects.

\_\_\_\_\_  
**Name of the Parent (Capitals)**

\_\_\_\_\_  
**Signature of the Parent**

\_\_\_\_\_  
**Date**

**Enclosures**

**The following documents (self attested photocopies) must be attached:**

- A. Birth Certificate
- B. A copy of the latest progress report certified by the school in which the child last studied

**Transfer Certificate must be produced on Admission.**

**OFFICE USE ONLY:**

**Date of Admission:** \_\_\_\_\_ **Class:** \_\_\_\_\_ **Section:** \_\_\_\_\_

**Fee Receipt No. & Date:** \_\_\_\_\_

**Remarks:** \_\_\_\_\_

**Staff - in - Charge:** \_\_\_\_\_ **Principal :** \_\_\_\_\_