



Application for Admission

Admission to Bivha International School is open to any child regardless of his/her race, religion, caste, creed, color, national/state origin, mother tongue, ancestry, physical disabilities or special needs.

DAY SCHOOL WEEKLY BOARDING FULL BOARDING | **LOCATION:** BIH KAR MP OD-1 OD-2 OVERSEAS

STUDENT INFORMATION

Full Name (Last, First, Middle)		Grade/Standard entering School Year	AFFIX STUDENT'S PASSPORT SIZE PHOTOGRAPH HERE
		GRANT - <input type="checkbox"/> YES <input type="checkbox"/> NO	
Home Address	Date of birth (dd/mm/yy)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Phone		Name of the sibling/s enrolling/currently in the school:	
Applicant resides with (if different from parent)		Relationship to applicant	
Address			

PARENT INFORMATION

MARITAL STATUS OF PARENTS MARRIED SEPERATED SINGLE DIVORCED WIDOW(ER) OTHER

FATHER	MOTHER
Full Name Occupation/Title	Full Name Occupation/Title
Employer & Work address	Employer & Work address
Work phone Home phone Mobile	Work phone Home phone Mobile
Home address	Home address (if different from father's)
E-mail Education	E-mail Education

If parents live in two separate addresses, please indicate who should receive correspondence. FATHER MOTHER

EMERGENCY CONTACT

(Residence Hall students should provide local contacts if possible)

Name	Relationship	Phone
Address:		

APPLICANT'S PRESENT SCHOOL

OTHER CHILDREN IN THE FAMILY

Current school name	Grade (Standard)	Name School	Birth date	grade
Address		Name School	Birth date	grade
School phone	Contact person	Name School	Birth date	grade

RESIDENCE HALL	
Only those seeking Weekly or Full Boarding should fill this section. Boarding Type <input type="checkbox"/> Weekly <input type="checkbox"/> Full term Room Type <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Quadruple	Name of the sibling availing the hostel facility (if any):
STUDENT PROFILE	
1. What talents or strong interests does your child exhibit (ex: - fine or performing arts, athletics, computers, etc.)? 2. Has your child ever been promoted/ stepped up beyond his/her level or held back in school? <input type="checkbox"/> YES <input type="checkbox"/> NO Expelled? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please describe fully the circumstance: 3. Has your child had previous academic problems which required tutoring or remedial help? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, in what areas and for how long? 4. Does your child receive medical treatment for allergies or any chronic condition? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: 5. Are there limitations on participation in athletics? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain 6. Has your child undergone any diagnostic or evaluative testing for learning differences or psychological/ psychiatric concerns, either through school or outside of school? <input type="checkbox"/> YES <input type="checkbox"/> NO Reason for testing: School, agency or individual administering test: _____ Date of test: _____	
HOW DID YOU HEAR ABOUT BIVHA INTERNATIONAL SCHOOL?	
<input type="checkbox"/> NEWS PAPER <input type="checkbox"/> BIS WEBSITE <input type="checkbox"/> INTERNET SEARCH <input type="checkbox"/> PARENT <input type="checkbox"/> BIS EMPLOYEE <input type="checkbox"/> EXHIBITION <input type="checkbox"/> OTHER Who we may thank for referring you to BIS ? _____	
DECLARATION	
<p>In consideration of my child's participation in various events organized by the Bivha International School that may include field trips, excursions, expeditions, annual camps, sports events, etc., I hereby release the management, officers, employees and agents of Bivha International School, its parent and sister concerns and any other people officially connected with the events, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, loss of life or money, which might occur while my child is participating in the event. In the event of an injury or illness, I authorize the seeking of such medical assistance on my behalf that my child may require and I grant permission to any and all healthcare providers to provide that assistance. I will be responsible for any medical costs my child incurs as a result of his/her participation.</p> <p>During my child's participation in the Bivha International School, the school may take photographs and videos of my child participating in various activities. I hereby grant permission to Bivha International School to use them in publications and promotional materials of the school or the organizations it is associated with.</p>	
Signature of Parent or Guardian	Date
Return completed application form along with 1. Birth certificate/proof of date of birth 2. School records/transcripts and transfer certificate 3. Registration fee by check/pay order payable to 'Bivha International School' 4. 4 passport size photographs (one affixed to this application; please write the name of the student on the back of the other two photographs) 5. Medical record/certificate (should be provided before the first day of the School)	Address: Office of Admissions Bivha International School Bivha Knowledge Park, NH-106 Simrahi Bazar, J Raghapur Supaul Bihar 852111 Ph: 800- 2585971 /+91 8986054337 (Office) 06471250260 Web: www.bivha.in , Email – care@bivha.in

<i>This form will be used to determine the fitness of the student for participation in athletics</i>			
Student's Name: First Last(surname)	Grade	Sex	ID#
Parent/Guardian	Emergency contact number to notify if parents are unavailable		Blood Group
Phone: Home:		Work	

Immunization						
VACCINE/DO SE	1 (dd/mm/yy)	2 (dd/mm/yy)	3 (dd/mm/yy)	4 (dd/mm/yy)	5 (dd/mm/yy)	6 (dd/mm/yy)
Diphtheria, Tetanus and Pertussis (DTP or DTaP)						
Diphtheria and Tetanus (Pediatric DT or Td)						
Inactivated Polio (IPV)						
Oral Polio (OPV)						
Haemophilus influenza type b (Hib)				Last TB Test		
Hepatitis B		Date			Result	
Varicella (Chickenpox)						
Combined Measles, Mumps & rubella (MMR)						
Measles (Rubeola)						
Rubella (3-day measles)						
Mumps						
Hepatitis A, BCG*						
Other (Meningococcal, etc. Specify)						

Medical Fitness

Directions: Please answer the following questions about the student's medical history by **CIRCLING** the correct response. Explain all "yes" responses on the lines below the questions. Please respond to all questions.

Have you ever had, or do you currently have, any of the following conditions?

1. Asthma Y / N
2. Diabetes Y / N
3. Blood disorders Y / N
4. Allergy to pollen, latex, bee

Stings or foods? Y / N

5. Allergy to medications? Y / N
6. Concussion or head injury Y / N
7. Seizure Y / N
8. Frequent or severe headaches Y / N
9. Heart problems, murmur Y / N
10. Convulsive disorder Y / N
11. Congenital disorder Y / N
12. Auto immune disorders Y / N

13. Autism spectrum disorders Y / N
14. Low or high blood pressure Y / N
15. Low or high blood pressure Y / N
16. Hemophilia, Sickle cell, other? Y / N
17. Dizziness or passing out during or

after exercise without known cause? Y / N

18. Vision problems Y / N
19. Bone/joint problems / Dislocated joints Y / N
20. Upper or lower back pain Y / N
21. Coughing, wheezing or shortness of

breath in weather changes or normal condition? Y / N

22. Surgery Y / N