

Name

No.

Class

Please attach following documents with this form:

1. Attested copy of birth certificate.
2. For Class II and above, previous 3 years report cards..
3. For Class II and above, Transfer Certificate to be produced at the time of admission. In case of Inter state students, the Transfer Certificate should be counter signed by the education officer.
4. Visiting/Business Cards of parents.
5. Passport size photographs (1 each of student and both parents/guardian).

DECLARATION / UNDERTAKING

This form is intended to furnish information about the student and his/her family, without obligation on either side.

I/ We understand that:

If we wish to proceed further all entries in the Application Form must be completed.

I/We certify that the information furnished in this form is true to the best of my/our knowledge and belief.

Signature of Parent/ Guardian

Date

Place

For Office Use Only

Date of enquiry:

Remarks

G D GOENKA SCHOOL

Somnath City Phase-1, Near Katawa Road
 Chunaha, Sultanpur-228001 (UP)
 Tel.: +91-8318277979, 9161919819
 011-26122723/26122724
 E-mail: gdgoenkasultanpur@gmail.com
 www.gdgoenka-sultanpur.com
 www.gdgoenka-sultanpur.in
 www.gdgoenkasultanpur.com



GDGS

G D GOENKA SCHOOL

SULTANPUR

Name..... ClassAdmission No.:

Application Form

APPLICATION FORM

Important: Please answer all questions and print the information clearly in BOLD, using black or blue pen.

Please affix latest Passport size photograph in colour STUDENT	Please paste photograph. DO NOT STAPLE	Please affix latest Passport size photograph in colour MOTHER	Please paste photograph. DO NOT STAPLE
	_____ Signature of Mother		_____ Signature of Father

GENERAL INFORMATION

I/ We are considering enrolment in Grade/ Class with effect from month/ year.

Have you ever applied for admission at G. D. Goenka Schools YES NO

If YES, when? Academic Year for which Class

PERSONAL DATA OF STUDENT

Surname First Name Middle Name

Date of Birth Age as on 1st April, 20__ : Years Months Nationality

Sex Female Male Mother Tongue Languages spoken at home

Permanent Address

City Pin Code Country Email address

Home Tele# Mob# Emergency Contact No.

Mailing Address if different

HEALTH INFORMATION

Allergy/ Chronic ailment if any Physical handicap/ disability if any

Any other health problem

EDUCATIONAL BACKGROUND

Name(s) of previous and present School(s) attended

City/State Country From To Reason for leaving

Has the child ever been Expelled/Rusticated/Not promoted to next class by any School? YES NO

If YES, Please give details:

PARENTS'/GUARDIANS' INFORMATION

Father's/ Guardian's Name Age Nationality Education/University

Mother's Name Age Nationality Education/University

Relationship with Child in case of Guardian Are parents living together Yes No

PROFESSION/OCCUPATION

Father's/ Guardian's Profession/Occupation Annual Gross income

Off. Address

Telephone Fax Mob# E-mail

Mother's Profession/Occupation Annual Gross income

Off. Address

Telephone Fax Mob# E-mail

OTHER RELATIVES INFORMATION

Real Brother/ sister 1.Name Age School attending/attended

Real Brother/ sister 2.Name Age School attending/attended

Relatives who are studying/have studied in the G. D. Goenka Schools

Name Class Year of Joining Relationship

REFERENCES

Name Designation Telephone

Address City/ State Pin Code

Name Designation Telephone

Address City/ State Pin Code

TRANSPORT

School Bus facility Yes No