

## APPLICATION FORM

G. D. GOENKA PUBLIC SCHOOL

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	Please affix latest Passport size photograph in colour  FATHER
	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  DD/MM/YYYY Age as on 1st April, 20\_\_ : Years  Months  Nationality

Sex Female  Male  Mother Tongue  Languages spoken at home

Permanent Address

City  Pin Code  Country  Caste

Father's Name  Mob#  E-Mail

Mother's Name  Mob#  E-Mail

## 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:

\*mandatory to complete all fields

G. D. GOENKA PUBLIC SCHOOL

## 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

## SIBLING 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 (Relatives/ Friends/ Associates)

Name  Designation  Telephone

Address  City/ State  Pin Code

Name  Designation  Telephone

Address  City/ State  Pin Code

## TRANSPORT

School Bus facility Yes  No

Emergency Contact No.  Blood Group

\*mandatory to complete all fields

Name

Class

No.

**Please attach following documents with this form & submit within 5 days of Registration date:**

1. Attested copy of birth certificate
2. Previous 3 years report cards (class II onwards)
3. TC from previous school (class II onwards)
4. Visiting/Business Card of parents
5. Passport size photographs (6 of the student and 1 each of the parents)
6. Vaccination card 7. Blood group card/report
8. Copy of Address proof (Parents' Passport/Driving License/Aadhar Card)
9. Aadhar Card copy 10. SSM ID no. copy
11. Cheque Photocopy

**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.

Only Registration does not guarantee Admission

Student's admission will be confirmed on completion of Admission formalities within 20 days from Registration

Signature of Parent/ Guardian

Date

Place

**For Office Use Only**

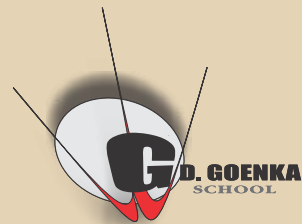
Date of Registration

Date of Admission

Remarks

**G. D. GOENKA PUBLIC SCHOOL**

Garden City, DLF Township, Bypass Road,  
INDORE - 453 771 (M.P.), India  
Mob: +91-77710 20000, 77710 40011  
E : info@gdgoenkaindore.com



[www.gdgoenkaindore.com](http://www.gdgoenkaindore.com)

**GDGPS**  
G D Goenka Public School

INDORE

Name..... Class .....Admission No.: .....

**Application Form**