



# G.C. GOEL INTERNATIONAL SCHOOL

A GOPICHAND AGARWAL MEMORIAL TRUST INITIATIVE  
Co-Educational English Medium School (To be affiliated to CBSE, New Delhi)  
AGARPUR, JALESAR ROAD, AGRA

## ADMISSION FORM

Sr. No: 737

Academic Session \_\_\_\_\_

Admission No: \_\_\_\_\_

Applying for Class \_\_\_\_\_

(For Office Use Only)

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**Instruction > Please use block letters in Section I, II & III**

### SECTION I Personal Details:

Name of Child \_\_\_\_\_

Date Of Birth \_\_\_\_\_ (DD/MM/YY) Sex: Male  Female

Age as on 31<sup>st</sup> march , 2015: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Category: Gen.  SC.  ST.  OBC.

Nationality: \_\_\_\_\_ Blood Group \_\_\_\_\_

Mother tongue: \_\_\_\_\_ Total No. of Children in Family \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Corresponded address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

### SECTION II (A) Father's Particulars

Name: \_\_\_\_\_

Academic & Professional Qualification: \_\_\_\_\_, Annual Income \_\_\_\_\_

Occupation: \_\_\_\_\_, Designation: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Contact number: Office \_\_\_\_\_ Residence: \_\_\_\_\_ Email: \_\_\_\_\_

### SECTION II (B) Mother's Particulars:

Name: \_\_\_\_\_

Academic & Professional Qualification: \_\_\_\_\_, Annual Income \_\_\_\_\_

Occupation: \_\_\_\_\_, Designation: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

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Passport Size  
Photograph

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Passport Size  
Photograph

Contact number: Office \_\_\_\_\_ Residence: \_\_\_\_\_ Email: \_\_\_\_\_

**Last School Details:**

Name & Address of the School Last Attended: \_\_\_\_\_

Class attended: \_\_\_\_\_

**SECTION II (C) Particulars of siblings:**

(1) Name of Child: \_\_\_\_\_ Age \_\_\_\_\_ Class \_\_\_\_\_ School \_\_\_\_\_

(2) Name of Child: \_\_\_\_\_ Age \_\_\_\_\_ Class \_\_\_\_\_ School \_\_\_\_\_

**SECTION V Health Information:**

(1) Does your child has any special needs? \_\_\_\_\_

(2) Does your Child suffer from any chronic disease? \_\_\_\_\_

**SECTION III Transportation:**

Whether School Transportation is required or not  Yes  No

Note: Transportation Facility will be provided on the first come first serves subject to availability of seats

**SECTION IV Declaration:**

I, \_\_\_\_\_ (Name In Capital Letters) declare that the above information furnished by me is correct to the best of my knowledge and belief and I shall abide by the rules and regulations issued by the school from time to time.

Signature of Father \_\_\_\_\_ Signature of Mother \_\_\_\_\_ Date \_\_\_\_\_

**SECTION VI Documentation Required:**

The Following Documents Must be accompanied with the application form

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1- Attested Copy of Childs Birth Certificate  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2- Transfer Certificate   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3- Parent Photo Identity & Address Proof<br>(Adhar Card/Driver License /Pan Card / Voter Card etc.) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4- Report Card  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**SECTION VII (For Office Use Only):**

Interaction held with parent on dated \_\_\_\_\_ By \_\_\_\_\_

Whether Admitted Yes  No

Remark If Any \_\_\_\_\_

Sign. with Seal of Principal \_\_\_\_\_ Councilor \_\_\_\_\_ Section Officer \_\_\_\_\_

**For Accounts Details:**

Fee Received \_\_\_\_\_

Amount (In Figure) \_\_\_\_\_ Amount In words \_\_\_\_\_

Payment through  Cash  Cheque / Demand draft

Cheque/D.D. No: \_\_\_\_\_ Drawn in Bank \_\_\_\_\_ Branch \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signatory \_\_\_\_\_

Date \_\_\_\_\_