GLOBAL PUBLIC SCHOOL

A School Based on C.B.S.E Curriculum.

Play Group to Class Xth and above

M.G Road, Yodha Nagar, Aurangabad, Bihar, 824101.

Contact No.- 8210144320, 7320053894.

Website:-www.gpsaurangabad.org, E-mail-gpsabad121@gmail.com

Affix recent passport size Photograph of Student

Adm. Form No.:_____

ADMISSION FORM

FOR OFFICE USE ONLY

Admission Number. ☐☐☐☐ **Date of Admission** ☐☐ ☐☐ ☐☐☐☐

Folio/Ledger No.: ..... **Aadhar No.** ☐☐☐☐☐☐☐☐☐☐☐☐

INFORMATION RELATED TO THE STUDENT

Student's Name: .....
(In Block Letter Only)

Date of Birth : ☐☐ ☐☐ ☐☐☐☐ Place of Birth: .....

Age : ..... Admitted Class: ..... Session: .....

Gender:..... Religion: ..... Category : Gen☐ OBC☐ SC☐ ST☐

Nationality:..... Blood Group: .....

Pervious School: .....

Class attended last: .....Desired Class: .....

Medium of instruction in the previous school: .....

Permanent Address of the Student :.....

.....

Present Address of the Student :.....

.....

If child having any allergy or disease kindly specify: .....

.....

FATHER'SDETAILS

Passport size Photograph

Name (without Mr./Shri):.....

Academic Qualification :.....

Occupation:.....Designation:.....

Name of the organization/Company:.....

Office Address :.....

Mobile/Phone Number:.....Whatsapp No.:.....

Aadhar No. .....Email: .....

MOTHER'SDETAILS

Name (without Mrs./Shrimati):.....

Academic Qualification :.....

Occupation:.....Designation:.....

Name of the organization/Company:.....

Passport size Photograph

Office Address: .....

Mobile/Phone Number: .....Whatsapp No.:.....

Aadhar No. .....Email: .....

LOCALGUARDIAN

Name (without Mr./Shri):.....

Academic Qualification:.....

Name of the organization/Company:.....

Office Address :.....

Passport size Photograph

Mobile/ Phone Number:..... Whatsapp No.:.....

Aadhar No. .....Email: .....

Transport/Bus Facility Required: .....

DECLARATION

I declare that I have read all the rules & regulations of the school and agree to abide by the same. I agree to pay school fee and transport fee on time. I further declare that all the information and particulars filled up by me are true and accurate and the mispresentaion of them will lead to the denial of admission cancellation of admission or expulsion of my child. I also declare that if my ward suffers or falls in any Allergy/Disease, I must inform you accordingly.

मैं घोषणा करता/करती हूँ कि मैंने स्कूल के सभी नियम और विनियम पढ़ लिए हैं और उनका पालन करने के लिए सहमत हूँ। मैं स्कूल की फीस और परिवहन शुल्क समय पर देने के लिए सहमत हूँ। मैं यह भी घोषणा करता/करती हूँ कि मेरे द्वारा भरी गई सभी जानकारी और विवरण सत्य और सटीक हैं और इन्हें गलत बताने पर मेरे बच्चे का प्रवेश रद्द या निष्कासित कर दिया जाएगा। मैं यह भी घोषणा करता/करती हूँ कि यदि मेरे बच्चे को कोई एलर्जी/बीमारी होती है, तो मैं आपको इसकी सूचना अवश्य दूँगा/दूँगी।

Signature of Father **Signature of Mother** **Local Guardian**

OFFICE USE ONLY

PRINCIPAL'S ORDER

Admit him/her to class: ..... Section: .....

Certified that all the entries have been made in the school register/admission register.

Date: ..... **Office Assistant** **Principal**