

Rs. _____



GAURISHANKAR PUBLIC SCHOOL

High School Road, Brahmpur, Buxar - 802112

Email : gaurishankarschool1@gmail.comURL : www.gaurishankarschool.com

Form No. _____



REGISTRATION FORM

Admission Date : _____

Admission No.: _____

Affix photo of Father

Affix photo of Mother

Affix photo of Student

Admission required for :

Note : Please use capital letters only.

We, _____ and, _____ wish to admit our son/daughter/ward whose particulars are given below as a day scholar at Gaurishankar Public School.

A. INFORMATION OF THE CHILD

First Name

Middle Name

Last Name

Gender

Date of Birth

Date of Birth in Words

 Male Female

 DD MM YY

 Blood Group Religion Cast Nationality
Aadhar No.-
 Community SC/ST OBC GEN OTHERS

 Language known Mother Tongue

RESIDENTIAL ADDRESS

Father's Mobile No.:

Mother's Mobile No.:

Whatsapp No.:

Whatsapp No.:

Distance from school (in Kms): Preferred Phone Number for school SMS :

Emergency Contact No :	Name of the person to be contacted	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>

Details of Brothers / Sisters of the student

Name

Age

Name of Institution

Standard

B. DETAILS OF PREVIOUS STUDY

Year	School	Grade	Marks obtained in final exams

C. Would you like to avail Transport Facility of GPS ?

Yes

No

If yes, then specify

Name of Mohalla/Village

Name of Bus Stop

D. ENCLOSURES (All documents are mandatory at the time of admission)

- Birth Certificate
- TC
- Vaccination Card Copy
- Blood Group Report
- Passport size photos of child (5 copies)
- Passport size photos of parents (2 each)
- Aadhar card copy of parents & child

The above documents must be produced along with the filled application form.

DECLARATION

I, _____ have the authority to admit my child/ward _____ into the school as the parent/ legal guardian. I undertake the responsibility of providing any evidence needed to support the information provided here, if necessary for any reason. I declare that the statements provided in this application are correct to my knowledge and if found otherwise, I shall abide by the decision of the management. I agree to abide by the rules, regulations and the fee structure of the school.

Date :

Signature of Parent / Guardian

For Gaurishankar Public School Office use only

Admission Co-ordinator

Date: _____

Principal

Date: _____