

Form No. : .....



# G.R. VIDYADEEP PUBLIC SCHOOL

No. 20, International Airport Road, Ganganagar, Bangalore - 560 032

**ENGLISH MEDIUM**  
**Nursery, Primary & High School**

Please affix a recent colour photograph of the child

[Write in Capital Letters]

## ADMISSION FORM

Admission No. ....

We, Mother.....and Father..... desire to have our son/ daughter / ward, whose particulars are given below, admitted as a day scholar in your school

### INFORMATION OF CHILD

Surname ..... First Name .....

Date of Birth

Date of Birth in words

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Place of Birth

Religion

Caste

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Class for which Admission is sought

Mother Tongue

Nationality

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### RESIDENTIAL ADDRESS

### CORRESPONDENCE ADDRESS

Tel.:	Mob.:
Fax :	E-mail :

Emergency Contact Telephone Numbers :

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### FAMILY INFORMATION

#### Father / Guardian

Name :	Age :	Nationality:
Educational Qualification :	Institution :	
Organisation Working for	Office Address :	
Designation :		
Annual Income :	Tel.:	Mobile :

**Mother / Guardian**

Name :	Age :	Nationality :
Educational Qualification :	Institution :	
Organisation Working for	Office Address :	
Designation :		
Annual Income :	Tel.:	Mobile :

**SCHOOL :**

Previous school attended, if any ..... (recognised / not recognised)  
 We herewith submit the School Transfer Certificate in original.

**PROOF OF AGE :**

We solemnly declare that the date of birth of the child given above is as per the Birth Certificate which is produced for verification. A certified copy of birth certificate is also enclosed.

**SIGNATURES :**

I hereby certify that the information in the Admission Form is complete and accurate. I understand and agree that misrepresentation and omission of facts will justify the denial of admission, the cancellation of admission, or expulsion. I do hereby agree that fees once paid will not be refunded except caution money, advance payment of tuition fees and transport charges in case of not joining the school.

I do hereby agree that school authorities will not be responsible for occurrence of any mishap or untoward incident / accident to my ward in the school campus.

I have read and do hereby consent to abide by the rules and Regulations of the School.

.....  
 Signature of Mother / Guardian  
 Date :

.....  
 Signature of Father / Guardian  
 Date :

**FOR SCHOOL USE ONLY**

Check List :

- Medical Form
- Birth / Transfer Certificate
- Transportation Form
- Admission Fees

Information of Student

Class : .....

Section : .....

House Allotted : .....

Administrator : .....

Principal : .....

Date :

Date :