## **APPLICATION FOR PROVISIONAL ADMISSION**



Registration No.:			Admission No.		
Subject to fulfillment of term  How to use this form  Please fill out all sections of the  Place a recent passport size colo of this page so that the photogra	form; please complete the f or photograph of student inc	form clearly using <b>E</b> side the plastic poc			
GENERAL INFORMATIO	N [USE ONLY BI	LOCK LETTERS]			
I/ We are considering enrolm	ent in Grade / Class	with	effect from	Month	/ Year
Have you ever applied for adı	mission at any of the G D	) Goenka Schools	? NOIf YES, wh	en? Academic Ye	ear
for which Class					
PERSONAL DATA OF ST	UDENT				
Surname	First Name		Middle Nar	ne	
Date of Birth. D.D./.M.M./.Y.Y.	X Sex: Female	Male Reli	gion	Other Citizensh	ip
Date of BirthOther CitizenshipOther Citizenship					
Residence Address					
Home Tel	•			•	
Student's Passport No		e & Place of Issue	2	Ехрігу Date	
EDUCATIONAL BACKGR	OUND				
Name(s) of previous and pres	sent School(s) attended	(1)			
(2)					
City/State	Country	From	To		
Reason for leaving					DI FACE DACTE
City/State	Country	From	To		PLEASE PASTE PHOTOGRAPH
Reason for leaving					
Has the student ever been Ex	pelled/Not promoted to	next class by any	School? YES	NO	
If YES, Please give details					Student
Was the last School attended	recognised? YES	NO			2.000
Is Transfer Certificate availab	ole? YES	NO NO			



## PARENTS'/ GUARDIANS' INFORMATION

Father's Name	Father
Nationality	
Education/University	PLEASE PASTE
Mother's Name	PHOTOGRAPH
Education/University	DO NOT STAPLE
Are parents living together YES NO If not, please indicate legal custody	
STUDENT RESIDES WITH	
Mother & Father Mother Father Guardian Stepfather Stepmother	Father's Signature
PROFESSION/OCCUPATION	
Father's Profession / Occupation	
Name of Organisation & Designation	Mother
Office Address	
Annual Gross IncomeOffice Tel #	PLEASE PASTE
Mob # E-mail	PHOTOGRAPH
Mother's Profession/Occupation	DO NOT STAPLE
Name of Organisation & Designation	
Office Address	
Annual Gross IncomeOffice Tel #	 Mother's Signature
Mob # E-mail	J
OTHER RELATIVES INFORMATION	
Sibling: Name Age Sc	hool attending/attended
1	
2	
Relatives who are studying/have studied in any of the G. D. Goenka Schools.	
Name Grade Year of Joining Rel	ationship with the student
1	



REFERENCES Details of two persons who can vouch for you and not related to you				
1. Name		Occupation	Tele. #	
Address		Pin Code	Country	
2. Name		Occupation	Tele. #	
Address		Pin Code	Country	
CONSIDERATIONS	S FOR APPLYING			
List, in order of impor	tance, the considerations that led y	ou to apply to the G D Goenka Gl	obal School	
To which other School(s) have you applied or plan to apply for admission?				
When and how did you first hear about GDGGS? Please tick appropriate boxes.				
Local Reputation Present School Friends Internet Goenkan Alumni Others				
SPECIAL TALENT	/ APTITUDE			
COMMUNICATION	N ADDRESS AND EMERGENC	PV CONTACT		
COMMONICATION	NADDRESS AND EMERGENC	T CONTACT		
Please indicate address to which you would want the School to send communications				
Residential address	Father's Office address	Mother's Office address	Guardian's address Emails	
Kindly specify emails	: Father's	Mother's	3	
Please indicate who is	s to be called in case of emergency	1		



## DECLARATION

I / We certify that the information furnished in this form is true to the supplied in this application could jeopardize selection and enrolmer	
Signature of Mother	Signature of Father / Guardian
Name in block letters	Name in block letters
Dated	
PLEASE SUBMIT THE COMPLETED APPLICATION FOR PROVISIONAL WITH THE FOLLOWING ENCLOSURES:  1. Certified true copies each of School Reports (written in English, p. 2. Certificates of merit, if any.  3. Birth certificate (photocopy) / or Passport Copy  4. Photographs (Eight)  5. Reference Letter from previous School (For NRI / Expatriates)  6. Registration Fee	
FOR OFFICE USE ONLY	
Received (RS/USD)vide cash / cheque / DE	