



# Gyani International Public School

(A Unit Of Gyani Charitable Trust)

## ADMISSION FORM

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

Form. No \_\_\_\_\_

Affix photo of Father

Affix photo of Mother

Affix photo of Child

I \_\_\_\_\_ desire to have my son/daughter/ward whose particulars are given below admitted in your School:

### INFORMATION OF THE CHILD

Last Name

First Name

Gender

Date of Birth

Date of Birth in words

Male  Female

DD MM YY

Admission sought to

Religion

Nationality

Languages known

### RESIDENTIAL ADDRESS

Preferred Phone Number for School SMS

Tel.:

E-Mail:

Emergency Mobile Nos.	Name of person to be contacted	Relationship

### FAMILY INFORMATION

Father/Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Annual Income:	Tel:	

Mother/Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Annual Income:	Tel:	

Detail of Sibling, if any:

Name of the Child:	Name of the School:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Areas in which you could contribute to enrich school life in terms of time, skills etc.

Please tick:

Cultural	<input type="checkbox"/>	Medical	<input type="checkbox"/>	Media	<input type="checkbox"/>
Professional	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Academics	<input type="checkbox"/>
Outdoor activities	<input type="checkbox"/>	Camps	<input type="checkbox"/>		

Join Transportation Facility

Yes  No

### SIGNATURES

We hereby certify that the information given in the admission form is complete and accurate

Signature of Mother / Guardian  
Date:

Signature of Father / Guardian  
Date:

### For Office Use Only

- Birth Certificate
- Admission fees

Counselor / In-charge Admission

Date \_\_\_\_\_