

## G.B. International School

Daharakala, saidpur, Ghazipur, Uttar-Pradesh Pin:-233304 e-mail: gyanbharti.gzp1@gmail.com

URL: www.gbinternationalschool.in

## Phone

+91-9580370370,+91-9616691213

		APPLICA	ATION FORM		
					Admission Date:
Affix photo of Father		Affix phot	o of Mother		Affix photo of Student
Admission required for :					
Note: Please use <u>capital letters</u> We, to admit our son/daughter/ward who  A. INFORMATION OF THE	se particulars are g				
First Name	Midd	le Name		Last Nan	ne
Gender Da	te of Birth		Date of Birth in	words	
☐ Male ☐ Female ☐	D MM	YY			
Blood Group	Religion		Caste		Nationality
Aadhar No					
Community SC/ST	ОВ	c	GEN	OTHE	RS
Languages known				Mother T	ongue
RESIDENTIAL ADDRESS			CORRESPO	NDENCE A	DDRESS
Father's Mobile No.: E-mail ID:			Mother's Mobile No.: E-mail ID:		
NOTE: IN CAPITAL LETTE	RS ONLY		L-man ib.		
Distance from school (in km		Prefe	erred Phone Num	ber for school	ol SMS:
Emergency Contact No. (F	Res/Mobile)	Name of t	he person to be c	ontacted	Relationship
		pa	age1		

FAMILY INFORMATION	ON				
Father/Guardian:					
Name:			ge: Na	Nationality:	
Educational Qualification:			Institution: Office Address:		
Occupation:					
Designation:					
Annual Income:			Tel:		
Aadhar No :					
Mother/Guardian:					
Name:			Age: Nationality:		
Educational Qualification:			Institution:		
Occupation:		0	ffice Address:		
Designation:					
Annual Income:		Te	el:		
Aadhar No :					
Single Parent: Tick one, only if applicable					
	Father			Moth	er
If child is sponsored (Name of sponsoring agency)	)				
Details of Brothers / Sist	ters of the student				
	ters of the student Age	Name of the I	nstitution	St	andard
		Name of the I	nstitution	St	andard
		Name of the I	nstitution	St	andard
		Name of the I	nstitution	St	andard
Details of Brothers / Sist	Age	Name of the I	nstitution	St	andard
Name	Age  Name of		nstitution	St	andard
Name Incase of staff ward:	Age  Name of				
Incase of staff ward:  B. DETAILS OF PRE	Age Name of		nstitution  Standard/Grade		andard  arks obtained in final exams
Incase of staff ward:  B. DETAILS OF PRE	Age Name of				
Incase of staff ward:  B. DETAILS OF PRE	Age Name of				
Incase of staff ward:  B. DETAILS OF PRE	Age  Name of  EVIOUS STUDY  School	f the parent:	Standard/Grade		
Incase of staff ward:  B. DETAILS OF PRE	Age  Name of  School  ated to: SS	f the parent:	Standard/Grade	e Grade/Ma	
Incase of staff ward:  B. DETAILS OF PRE  Year  The previous school affilia	Age  Name of  School  ated to: SS	f the parent:	Standard/Grade	e Grade/Ma	
Incase of staff ward:  B. DETAILS OF PRE  Year  The previous school affilia	Age  Name of  School  ated to: SS	f the parent:	Standard/Grade	e Grade/Ma	

## MEDICAL HISTORY OF THE CHILD

## **BIRTH HISTORY:** Forceps Birth Details: Normal Caesarian Birth Cry: Immediate Delayed (Number of days) Discharge from Hospital: Specialize care given in the hospital: Yes No If Yes, NICU: Extended hospital stay Explain: **HEARING:** Any difficulty observed: Yes No Any Consultation with doctor done: Yes No If Yes, Explain: **VISION:** Any Consultation with doctor done: Yes Use of Spectacles/Corrective Lenses: Yes **MOTOR MILESTONES (Approx Months):** Sitting: Standing: Walking: Speech: Any medication taken for any medical conditions, Such as attention deficit / thyroid (hypo/hyper)/any other condition: Any Medication taken for general well being: Any Allergy / any medical information that school should be aware of :

C. ENCLOSURES (All do			
Birth Certificate			
Transfer Certificate - origin	al copy (if applicable)		
Study Certificate			
Vaccination Card Copy			
Blood Group Report			
Passport size photos of chil	d (5 copies)		
Passport size photos of par	ents (2 each)		
Aadhar card copy of paren	ts & child		
Copies of progress report of	ards for the last 3 years		
Community Certificate : for	Scheduled Castes, Schedu	lled Tribes or Backward Communities	
The above documents (recentl	y attested photocopies ) m	ust be produced along with the filled ap	pplication form.
Transportation Form (if Re	quired)		
Please note: Staple all docume		rner of the application	
- Tease note. Staple an accume		mer or the application	
D.MISCELLANEOUS			
Llow did you boar about the C	D International cohool of D	vaallanaa?	
How did you hear about the G.	B. IIITEITIATIONAI SCHOOLOLE.	xcellence?	
Name of news paper	Website	Name of the Magazine	Others (please specify)/
			hoardings/pamphlets/ word of mouth/ catalogue
			word of mouth/ catalogue
	take the responsibility of p	o admit my child /ward roviding any evidence needed to suppo rovided in this application are correct to	word of mouth/ catalogue , into the school as the rt the information provided here, i
, parent/ legal guardian. I under necessary for any reason. I dec otherwise, I shall abide by the	take the responsibility of p lare that the statements p		word of mouth/ catalogue , into the school as the rt the information provided here, in my knowledge and if found
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