

Application Form No.: _____

Ref. No.: _____



GURUKUL
INTERNATIONAL
KINDERGARTEN

Application for Admission

Please complete and return
this form to the School Office

Application for Admission

To be filled by the school office

To,

The Director

**GURUKUL
INTERNATIONAL
KINDERGARTEN**

Sunder Nagar, Malad (West),
Mumbai - 400 064

Token Slip No.:	<input type="text"/>
Appl. Form No.:	<input type="text"/>
Admission conducted by:	<input type="text"/>
Admission can be given :	YES <input type="checkbox"/> NO <input type="checkbox"/>
Date of Interaction:	<input type="text"/>
Ref. No.:	<input type="text"/>
	<input type="text"/>

I, the undersigned, desire to admit my child / ward in your esteemed school affiliated to the IGCSE Board in Grade _____ for the academic year 20____ - 20____.

(All the details must be as per the birth certificate or leaving certificate of child and other submitted documents.)

01. Name of Father:	<input type="text"/>
02. Name of Mother:	<input type="text"/>
03. Name of the Student:	<input type="text"/>
	<small>Please fill in with Name - Parent Name - Surname</small>
04. Date of Birth:	<input type="text" value="DD / MM / YY"/>
05. Place of Birth:	<input type="text"/>
06. Age as on 30 th Sept 20____:	<input type="text"/>
	<small>Years Months Days</small>
07. Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	<div style="border: 1px solid black; padding: 10px; text-align: center;">Paste latest 3x4cm sized photograph of the child.</div>
08. Mother Tongue: <input type="text"/>	
<small>Language used with child at home</small>	
09. Native Place: <input type="text"/>	
10. Nationality: <input type="text"/>	11. Religion: <input type="text"/>
12. Caste: <input type="text"/>	Whether belonging to SC / ST / VJ / DT / NT / OBC / SBC / Other (only circle whichever is applicable).
	<small>Please submit attested photocopies of caste certificate in child's name as listed by Social Welfare Dept. (Govt. of Maharashtra).</small>
13. Present residential address of child:	<input type="text"/>
Area Pin Code: <input type="text"/>	Telephone Number (Residence): <input type="text"/>
14. Aadhar Card Number: <input type="text"/>	<small>(Child's if any)</small>
15. Child staying with: Parent <input type="checkbox"/> Guardian <input type="checkbox"/>	
16. Seeking school bus facility: Yes <input type="checkbox"/> No <input type="checkbox"/>	
17. Name of the school where the child was previously studying (if any):	Class: <input type="text"/>
<input type="text"/>	

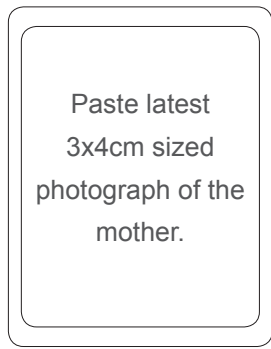
18. Any siblings studying in BCG: Yes No Total number:

Name	Class & Div	School	Ref. No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

19. Information of Parents:

FATHER

MOTHER



Date of Birth:	<input type="text"/>	<input type="text"/>
Mother Tongue:	<input type="text"/>	<input type="text"/>
Nationality:	<input type="text"/>	<input type="text"/>
Educational Qualification:	<input type="text"/>	<input type="text"/>
Profession:	<input type="text"/>	<input type="text"/>
Designation:	<input type="text"/>	<input type="text"/>
Aadhar Card Number:	<input type="text"/>	<input type="text"/>
Monthly Income:	<input type="text"/>	<input type="text"/>
Name & Address of Company / Organisation:	<input type="text"/>	<input type="text"/>
Mobile Number:	<input type="text"/>	<input type="text"/>
E-mail ID:	<input type="text"/>	<input type="text"/>

Current Status of parents: Married Single Divorced Widowed Separated
Tick the status at the time of admission

20. Is either parent:(<i>please tick</i>)	Father	Mother	Name of School
Current Staff of BCG?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ex Student of BCG?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ex Staff of BCG?	<input type="checkbox"/>	<input type="checkbox"/>	_____

I DECLARE THAT ALL THE ABOVE INFORMATION IS AUTHENTIC AND TRUE TO THE BEST OF MY KNOWLEDGE. IF FOUND UNTRUE, I ACCEPT THAT THE ADMISSION MAY STAND CANCELLED.

I will submit all the supporting documents as required, such as original birth certificate, original leaving certificate, copy of previous marksheet, medical report, without delay duly filled and signed.

I understand the admission is provisional till all the documents are submitted. I further understand that the **acceptance** of this application form does **not guarantee admission** and that admissions are not granted against **donations / deposits**.

I understand and accept that the Management of the school is obliged to adhere to requirements of the respective boards, and agree to support them for the same. The school may adopt in addition to the prescribed textbooks, any educational material as per the school's methodology and educational practices, within the general framework of the curriculum.

I accept the school's educational practices, and will support the managing authorities towards achieving the school philosophy. I will address all my suggestions and concerns to the school authorities directly, whose decisions I will accept as final.

I am aware the school is a private unaided school as per laws suggested by appropriate forum. I accept that fees may be revised from time to time at the discretion of the Management. I agree to willingly abide by and not object to revisions in fee-hike. I am ready to abide by all the rules and regulations of the school for the education of my child, as in force from time to time, and I will pay all the fees and other dues regularly.

I once again request you to kindly grant admission to my child / ward in your school. I am seeking this admission as per my own decision.

I attest that my child is medically fit for school, and will submit the medical form when school opens. We also confirm that we shall fill out all forms physically when requested to, and understand that the admission stands cancelled in the event any data is found to be incorrect.

Name of Parent / Guardian:

Signature of Parent / Guardian:

Relation to Child: Date:

Mobile Phone No.: Email ID:

X-X-X-X-X-X