

Great Columbus School

Plot No. 11, Chhaprauli Banger, Sec. 168, Noida (U.P.)

ADMISSION FORM

Admission No. : _____

S. No.

(to be filled in by Office)

Please affix a recent colored photograph of the Student

Please affix a recent colored photograph of the Father

Please affix a recent colored photograph of the Mother

We, _____ and _____, desire
(Name of the Father/ Guardian) (Name of the Mother / Guardian)
to have our son / daughter / ward whose particulars are given below admitted as a day scholar in your school:

INFORMATION OF THE CHILD (Write in BLOCK LETTERS only)

Last Name

First Name

Gender

Male Female

Date of Birth

DD MM YYYY

Date of Birth (in Words)

Religion

Class for which Admission is sought Nationality Blood Group Category

General SC ST OBC

Previous School Attended, if any: _____ (recognized / not recognized)

We herewith submit the School Transfer Certificate in Original.

RESIDENTIAL ADDRESS

CORRESPONDENCE ADDRESS

Tel: _____

Tel: _____

Emergency Contact Telephone Numbers:

FAMILY INFORMATION

Father / Guardian:

Name:	Designation:
Educational Qualifications :	Office Address :
Organization Working for :	

Mother / Guardian:

Name:	Designation:
Educational Qualifications :	Office Address :
Organization Working for :	

Please provide details of aadhar card along with ID proof.

Name and class of real brother or sister, if any, in this school

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Proof of Age

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

We hereby certify that the information given in the Admission Form is complete and accurate. We understand and agree that misrepresentation or omission of facts will justify the denial of admission, the cancellation of admission, or expulsion. We shall abide by the rules and regulations of the school.

Signature of Father / Guardian

Signature of Mother / Guardian

Date:

Date:

FOR SCHOOL USE ONLY

REMARKS	INFORMATION OF STUDENT
*English	Class:
*Hindi	Section:
* Maths	House Allotted:
* General	
CHECK-LIST	
<input type="checkbox"/> Medical Certificate of the student	
<input type="checkbox"/> Birth Certificate of the student	
<input type="checkbox"/> Transfer Certificate of the student	
<input type="checkbox"/> Address proof of the parents	
<input type="checkbox"/> Identity Proof of the parents	Signature of Principal-----