Gurukul
The Day School
PRIMARY / SECONDARY

Ravindra Shikshan Prasarak Mandal
Regd. F8597/Thane
Cambridge IGCSE Centre No. **IN996**
Website: **www.gurukulschool.in**
Email: **contactgds@gurukulschool.in**

For office use only	*Std. & Academic Year (as per Section 1-J)*	*GR No.*	STUDENT PHOTO

STUDENT ADMISSION FORM

Form should be filled in BLOCK (Capital) Letters

Section 1: STUDENT DETAILS:

A] Name: _____
(First Name) (Middle Name) (Last Name / Surname)

B] Date of Birth: (in words) _____
(Proof required: Original Birth Certificate OR School Leaving Certificate)

C] Age: _____ yrs _____ months

D] Mother tongue: _____

E] Place of Birth - City: _____

District: _____

State: _____

Nationality: _____

F] Religion: _____

Caste/Subcaste: _____
(Caste Certificate required for SC, ST and OBC)

G] Name and location of previous school (if applicable)

_____

H] Gender: _____

I] Blood Group: _____

J] Application for admission to Std. _____ for the academic year 20_____ - 20 _____

K] Adhaar No. (UID) _____
(If not available, kindly apply for the same and submit as soon as possible)

Section 2: PARENTS' / GUARDIAN'S DETAILS:

A] Name of Parent 1 / Guardian 1 _____
(First Name) (Middle Name) (Last Name / Surname)

B] Name of Parent 2 / Guardian 2 _____
(First Name) (Middle Name) (Last Name / Surname)

C] Phone Number 1 _____ **Phone Number 2** _____

D] Permanent Address: _____
(As per Government ID) (House number and name) (Street/Road Name)

_____
(Locality / Area) (City) (District)

_____
(State) (Pin code) (Landmark, if any)

E] Current Address: _____
(if different from 'D') (House number and name) (Street/Road Name)

_____
(Locality / Area) (City) (District)

_____
(State) (Pin code) (Landmark, if any)

F] Occupation of Parent 1 / Guardian 1 _____

Organisation Name and address: _____

_____

G] Occupation of Parent 2 / Guardian 2 _____

Organisation Name and address: _____

_____

Section 3: OTHER DETAILS:

A] Emergency Contact Full Name: _____
(Other than parents/guardians mentioned in Section 2)

Phone Number: _____ Relation with student: _____

Address: _____

_____

B] Medical history of student (if any) _____
(Medical ailments which school should know about)

C] Declaration

The above information is true and correct to the best of my/our knowledge. I/We take the responsibility to immediately inform the school regarding any changes to the information in this form and provide valid proof of the same, wherever applicable.

I/We hereby declare that I/we have read, understood and agree to the terms and conditions mentioned in the "GDS Code of Conduct and other policies" document published on the school's website.

Name of Parent 1 / Guardian 1 _____ **Sign** _____

Name of Parent 2 / Guardian 2 _____ **Sign** _____

Date: Place:

For office use only

Admission has been granted to Std. _____

Authorised Signatory / Principal's Signature Date