



G.D.MEMORIAL YONKERS' ENGLISH SCHOOL

Based on CBSE Curriculum

English Medium, Co-educational Day Boarding
Gomati Nagar, Lalganj, Azamgarh | Tel: 05463- 265003, +91 9452113038

Email: gdmYES.azm@gmail.com | Web: www.gdmYES.org

No. _____

ADMISSION No. _____

ADMISSION FORM

APPLICATION FOR REGISTRATION

- CLASS (to which the admission is sought) _____
- STUDENT'S NAME _____
- DATE OF BIRTH
DATE MONTH YEAR SC/ST/OBC/GEN GENDER (M/F)
- MOTHER'S NAME _____
Profession _____ Education _____ PHONE (O) _____
E-MAIL ADDRESS _____ PHONE * _____
- FATHER'S NAME _____
Profession _____ Education _____ PHONE (O) _____
E-MAIL ADDRESS _____ PHONE (R) _____
- NAME OF THE REAL BROTHER/SISTER STUDYING IN THIS SCHOOL 1. _____
- NAME OF THE SCHOOL AND BOARD LAST ATTENDED _____
_____ % in Previous class _____
- NATIONALITY _____ RELIGION _____
- ADDRESS FOR CORRESPONDENCE _____
- T.C. SUBMITTED YES NO 11. BIRTH CERTIFICATE SUBMITTED YES NO
- MARK-SHEET (Photo copy of last class attended) 13. Adhaar Card No.

Photo

PARENT'S DECLARATION

- (a) Having read carefully the rules and regulations laid down in the School Prospectus & Diary and being desirous of having my son/daughter educated at G.D. Memorial School, I hereby agree to abide by them.
- (b) I also declare that Date Of Birth and the name of my ward are correctly given & I shall not request for changes in future.
- (c) I understand that the decision of the Principal in all matters relating to the school will be final and binding on me and the fee once deposited will not be refunded in any case.

Date of Application _____

Mother's Signature _____

Father's Signature _____

Local Guardian's Signature _____

TO BE FILLED BY THE SCHOOL AUTHORITIES

PERFORMANCE REPORT

Notes _____

ADMITTED TO CLASS _____

ADMISSION REFUSED _____

PRINCIPAL/DIRECTOR _____

APPLICATION FOR TRANSPORT FACILITY

Name of the Student _____ Class _____

Mother's Name _____

Father's Name _____

Address _____

Phone _____

To & fro transport facility is required upto* _____

Declaration : I hereby undertake to pay the fees regularly. I undertake not to withdraw this facility before the end of the session.

Date: _____

Place: _____

*Please specify the locality

Signature of Father/Mother/Guardian _____