



Affix a recent photo

**Application For Admission 20..... - 20.....**  
(Please fill in this form carefully and return to the Principal)

Application No.: .....

Section.....

Admission to class .....

1	(a) NAME OF THE PUPIL (BLOCK LETTERS)		
	(b) Name of the Pupil (in mother tongue)		
2	Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>
3	Place of Birth with State		
4	Date of Birth	<input type="checkbox"/> In figures	
		<input type="checkbox"/> In words	
5	Age as on 1st June 201 .....		
6	Religion and Caste		
7	Nationality of the Pupil		
8	Whether SC / ST / OBC / OEC		
9	Name of Father		
10	Name of Mother		
11	Present Address of Parent		
12	Permanent Address of Parent		
13	Contact Numbers	<input type="checkbox"/> R	
	<input type="checkbox"/> M	<input type="checkbox"/> O	
	<input type="checkbox"/> E-mail		
14	Occupation and Official address of parent:		
	<input type="checkbox"/> a. Father		
	<input type="checkbox"/> b. Mother		





GOOD SHEPHERD

**Kindergarten**

WHERE LITTLE MINDS BLOOM



15	Name , address and occupation of the local guardian with phone no., in case the pupil is not residing with his / her parent		
16	Name & place of the school previously attended	Class	Year of study
			From
	1		
	2		
	3		
17	Mother tongue of the pupil		
18	No. and date of Transfer Certificate produced on admission		
19	Is any direct brother / sister of the applicant studying in this school? If Yes, Name, Class and Division.		

**Mode of Conveyance**

By school bus	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, boarding point		
Approx. distance from school		

**Declaration**

I ..... Parent / Guardian of .....do hereby declare that the above particulars are true and correct. I have read the rules on the discipline of this School and undertake that my ward will abide by them.

Place : .....

Date : .....

Signature of Parent / Guardian

**For Office Use Only**

Date of admission .....

Admission No. ....

Class and division to which admitted .....