



Golden Gate International School

River Park, Baghpat

Affiliated to C.B.S.E.

Affiliation No.: 2134163

School Code:61626

ADMISSION FORM

Sr. No.

Admission Number:

Permanent Education Number (PEN No.)

Class in which admission is sought for

Session.....

1. Name of the child in full (in capital letters)

Sex: Male Female

2. Date of Birth: Day Month Year

In words:

Age of the student as on 31st March: Year Month Day

3. Blood Group of the child

4. Do you belong to Gen./SC/ST/OBC/EWS/Disabled/S.G. Child? Attached certificate

Gen. Cat. SC ST OBC EWS Disabled SG Child

5. Particulars of parents :-

| Particulars | Mother | Father |
|---|--------|--------|
| Name (in capital letters) | | |
| Nationality & Occupation | | |
| Name and full address of office with Telephone Number | | |
| Full Residential Address with Tele. No. | | |
| Permanent Address | | |
| Annual Income in (₹) | | |

6. Name & Address of local Guardian (if any)

7. Name & Address of the School last attended with class

8. Whether last school was CBSE affiliated :

9. If the last school was not affiliated with CBSE, specify name of the Board.

10. Result of last examination Percentage

11. Subjects proposed to offer: 1. 2. 3. 4.

5. 6. 7.

12. Whether the transfer certificate is attached: YES NO Date of T.C.

13. Mother tongue : Home town.....

DECLARATION BY THE PARENTS

I hereby declare that the above information furnished by me is correct to the best of my knowledge & belief.

Date.:

Signature of parents

Passport Size
Photograph of the
Students