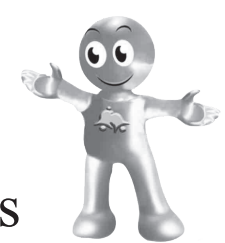


Golden Bells

—•PLAY GROUP • PRE NURSERY •—

We value your precious ones



Golden Bells

The Pre School

Corporate Office:
Block-B, Phase-I, Ashok Vihar,
Delhi - 110052

Tel.: 2712 3761
2743 0222
4702 3515

contact@goldenbellsdelhi.com
www.goldenbellsdelhi.com

STUDENT APPLICATION FORM

ADMISSION NO.: DATE OF TRANSFER:

Golden Bells

—PLAY GROUP • PRE NURSERY—

STUDENT APPLICATION FORM

— ■ SESSION: 20 - 20 ■ —

Instructions to fill the form:

1. Write clearly in BLOCK letters using blue or black pen.
2. Parents should fill the form in their own handwriting.
3. Tick whichever is applicable.

A CHILD'S DETAILS:

- Name of the Child

First name

Middle Name

Sur Name

- Date of Birth (in words)

- Date of Birth (in figures)

D	D			M	M			Y	Y	Y	Y				
---	---	--	--	---	---	--	--	---	---	---	---	--	--	--	--

- Class for which admission is sought: Play Group

Pre Nursery

- Sex: M/F

Nationality:

- Is school transport required:

Yes

No

- Medical Information: Blood Group

- Does the child have some special needs:

Yes

No

- (If yes, give details)

AFFIX LATEST
PHOTOGRAPH
OF THE CHILD

AFFIX LATEST
PHOTOGRAPH
OF THE FATHER

AFFIX LATEST
PHOTOGRAPH
OF THE MOTHER

B. PARENT'S DETAILS

FATHER

MOTHER

Name

Academic Qualification(s)

College/University

Residence Address

Phone No.

Mobile No.

Occupation

(Service/Business/Other)

Designation

Name of Organisation

Office/Business Address

Phone No.

E-mail ID

C. DETAILS OF CONTACT PERSON (GUARDIAN) IN CASE OF EMERGENCY:

Name

Relationship

Phone No.

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

D. ANY OTHER CHILDREN IN THE FAMILY

Name

Age

Sex

School

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E. NAME AND ADDRESS OF TWO REFERENCES

Name

Address

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

I hereby certify that the above information is true

Signature: Father

Mother

For Office Use Only

Admitted to

Teacher / Class

Route No.

Authorised Signatory