

# G.D GOENKA PUBLIC SCHOOL

MAGARWARA, UNNAO-209862

CONTACT NO.7318001172

(NEW ADMISSION)

## PRELIMINARY INFORMATION

Name of the Student \_\_\_\_\_

Date of Birth/Age \_\_\_\_\_

Admission Sought for Class \_\_\_\_\_

Present School /Last School \_\_\_\_\_  
(if applicable)

Class \_\_\_\_\_

Transport \_\_\_\_\_

Father's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Sibling Information Name \_\_\_\_\_ Class \_\_\_\_\_

Residential Address \_\_\_\_\_

Mobile Father \_\_\_\_\_ Mother \_\_\_\_\_

### For Office use

Date of enquiry:

Handled By:

\_\_\_\_\_

\_\_\_\_\_