



# G.D GOENKA PUBLIC SCHOOL

Magarawara, 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 \_\_\_\_\_

Hostel \_\_\_\_\_

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:  
\_\_\_\_\_