

Registration No-PGGS/2017-18/\_\_\_\_\_

Adm. No \_\_\_\_\_  
(To be filled by office)

Father

Mother

Student

Class to which admission is sought \_\_\_\_\_

**Particulars of the Child**

1. Name of the Child \_\_\_\_\_

2. Date of Birth 

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3. Age (as on 31<sup>st</sup> March 2017) \_\_\_\_\_ Gender (v): Male  Female

4. Place of Birth: \_\_\_\_\_

5. Religion: \_\_\_\_\_ 6. Nationality: \_\_\_\_\_

7. Languages spoken at home:  
Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

8. Numbers of Members in the family: \_\_\_\_\_

9. Staying with Grandparents: \_\_\_\_\_

10. Family Type: \_\_\_\_\_

Address Details:

11. Current Address: \_\_\_\_\_  
\_\_\_\_\_

12. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

13. Please indicate (✓) if you require transport facility for your child. Yes  No

We do not service this area currently. In case you still want to avail the facility, please click yes and contact the school transport office for bus stop nearest to your address. Facility is subjected to seat availability and route allocation.

14. Pick up Address: \_\_\_\_\_  
\_\_\_\_\_

15. Has your child been enrolled in any School/Preschool in the previous academic year? Yes  No .

If yes, mention the name of the school & the class in which he/she was enrolled.

School: \_\_\_\_\_ Grade: \_\_\_\_\_

16. Medical Record:

Blood Group: \_\_\_\_\_

Immunization status: (✓)

DPT

Typhoid

BCG

Measles

OPV

Hepatitis B

OPV Booster

MMR

DPT Booster

Special Needs (if any): \_\_\_\_\_

\*Kindly mention if your child has any special needs. This information is needed to make the right provisions to enable the child's learning, based on our assessment of his needs. Kindly attach all relevant documents (medical and educational/assessment reports-old and latest)

17. Parent Information

Parenting details: Couple/Married  Single Parent  Guardian

Parent: Biological

Adoption

Surrogacy



Father	Mother	Guardian
Name:		
Telephone No. (Residence):		
Mobile Number:		
Email id:		
Occupation:		
Sector/Industry:		
Company Name:		
Designation:		
Official Address:		
Educational Qualification:		
(Graduate/Post-Graduate)		

\*This information is being sought to enrich the functioning of Parental Interfaces and other such initiatives through utilizing your experience and expertise.

18. Please indicate (v) preferred mode of communication

	Telephone	Email	SMS
Father			
Mother			
Guardian			

19. Sibling Information:

Sibling	Sibling
Name	
Age	
Gender	
Current School	
Current Grade	

20. Grandparents information

Paternal		Maternal	
Grandfather	Grandmother	Grandfather	Grandmother
Name:			
Sector:			
Designation:			
Working Status:			

21. Undertaking from the parent

I hereby certify that the above information is accurate and to the best of my knowledge and belief. I understand that if any part of it is found to be false, this application will be cancelled. Further, I fully understand that the school, on accepting the registration form of my ward is not bound to grant admission and also agree that the decision of the school administration regarding grant of admission will be final & binding on me.

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Father's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_



## Application Form Checklist:

The Application form should be duly filled and submitted along with the following mandatory documents to the school office within two days of registration.

- Two Passport sized photographs of the child.
- Two Passport sized photographs of father and mother (separately)
- Copy of birth certificate
- Copy of progress report from the previous school (if applicable)
- Proof of medical history as mentioned in point no. 16
- Proof of residence
- Transfer certificate
- Self-Attested photo ID proof of mother, father, escorts, guardian (if applicable)
- Two Passport sized photographs of each of escort card nominees
- Custody document/ divorce papers and custody document/ letter of consent/ letter of adoption/ death certificate of spouse/ surrogacy document.

### FOR OFFICE USE ONLY

Name: \_\_\_\_\_

Student No. \_\_\_\_\_

Class : \_\_\_\_\_

Remarks: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



## Parents Insights

This form will help us to collaborate with you effectively and understand your child better.

1. What are your interests? Would you like to share any achievements in your field of interest?

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2. As a parent, how much time do you spend with your child each day?

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3. How often do you read to your child?

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4. How often do you read yourself?

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5. What are the recent outings/activities you have had with your child?

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6. a) What is your child's bedtime?

b) When does your child wake up?

7. a) How much screen time is your child allowed in a day with respect to mobiles, T.V, computer, I pad etc?

b) We encourage no technology now at home. Would you support such a move?

Yes/No

8. What are your aspirations for your child?

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9. What are your expectations from the school?

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10. Mention any three reasons for choosing PGGS.

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Thank You





Registration No: \_\_\_\_\_

Name of the student: \_\_\_\_\_

Class: \_\_\_\_\_ Section: \_\_\_\_\_ Blood Group: \_\_\_\_\_

Father's name: \_\_\_\_\_

Mother's name: \_\_\_\_\_

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

Pickup Address: \_\_\_\_\_

Revised Pickup Address (To be filled by school ) \_\_\_\_\_

Bus Stop (nearest landmark ) \_\_\_\_\_

Note: At least one month's notice (duty acknowledged by the school administration) is required for withdrawing bus facility. If not given, one quarter fees will be charged.

**Declaration of Consent**

School transport is voluntary and non – mandatory. I/We understand that the school Management/Authorities/Staff/Contractor will ensure all possible precautions and employ all required safety measures. Yet in case of any eventuality we shall not hold the school, its management and its safety responsible. I understand that the bus routes will be decided in the general interest of the larger student community and not a particular individual demand.

Date: \_\_\_\_\_ (Signature of Parent/Guardian)

**For Office Use only**

Bus route no. Morning \_\_\_\_\_ Afternoon \_\_\_\_\_

Bus Stoppage \_\_\_\_\_ Bus facility availing from \_\_\_\_\_

Principal Signature

Sr. Admin Manager

Signature

Class Teacher Signature





Name of the child: \_\_\_\_\_

Class: \_\_\_\_\_ Section : \_\_\_\_\_

Person (s) authorized to pick up the child.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Phone No: \_\_\_\_\_

Phone No: \_\_\_\_\_

I hereby authorize either of the above individuals to pick up my child.

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Father's Signature: \_\_\_\_\_

School Address: Paul George Global School, Alaknanda, New Delhi-110019

