



KNOWLEDGE · DISCIPLINE · UNITY
ज्ञान · अनुशासन · एकता

GLOBAL MINDS INTERNATIONAL SCHOOL

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BILGRAM KANNAUJ BYPASS , BILGRAM , DIST. HARDOI , UP -241301
+91-9811283122

STUDENT ADMISSION FORM

Registration Number: _____ Registration Received On: _____

STUDENT INFORMATION

Full Name: _____

Date of Birth: _____

Gender: Male Female

Home Address: _____

State: _____ Zip Code: _____

Previous School (if any): _____

Category EWS GENERAL OBC ST SC STAFF

Nationality _____

Blood Group _____

Religion _____

PARENT INFORMATION

Father's Name _____

Occupation Business Service Others _____

Phone Number: _____ Email Address: _____

Qualification _____ Annual Income _____

Mother's Name: _____

Occupation Housewife Working Specify _____

Phone Number: _____ Email Address: _____

Qualification _____ Annual Income _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Relationship to Student: _____ Phone Number: _____

MEDICAL INFORMATION

Does the student have any allergies? Yes No

If yes, please list: _____

Does the student have any medical conditions we should be aware of? Yes No

If yes, please specify: _____

Family Doctor Name: _____ Phone Number: _____

CONSENT & AGREEMENT

Documents Submitted:

- Self Attested Copy of Birth Certificate of the child issued by the Municipal Corporation . Original should be produced for verification at the time of admission.
- Self-attested copies of PAN Card / Driving License / Passport / Aadhar of both parents with originals for address & signature verification.
- A copy of previous year report card / mid-term report card, if applicable.
- Transfer Certificate (TC) from the current school is compulsory for admission to Class 1 onwards.
- One Passport Size Photograph of Father, Mother and the child is mandatory.
- Immunization Record of the child since birth.
- I certify that the above information is correct to the best of my knowledge.
- I understand that submitting this form does not guarantee admission; the school will review applications and notify parents accordingly.
- I give permission for my child to receive emergency medical treatment if necessary.

Parent/Guardian

Date:

School Official