ST. GABRIEL SCHOOL

STUDENT INFORMATION / ADMISSION FORM

FOR OFFICE USE

Application No.:		**Date:**	
Admission No.:		**Class/Section:**	

1. STUDENT DETAILS

Full Name of Student:			
Date of Birth:		**Gender:**	■ Male ■ Female ■ Other
Place of Birth:		**Nationality:**	
Aadhaar / ID No.:		**Blood Group:**	
Religion:		**Mother Tongue:**	
Class Applying For:		**Academic Session:**	

2. PARENT / GUARDIAN DETAILS

Father's Name:		**Occupation:**	
Mother's Name:		**Occupation:**	
Guardian's Name:		**Relationship:**	
Mobile No.:		**Alternate No.:**	
Email Address:			

3. ADDRESS DETAILS

Present Address:			
Permanent Address:			
District:		**State:**	
PIN Code:		**Country:**	

4. PREVIOUS SCHOOL / ACADEMIC DETAILS

Previous School Name:			
Last Class Attended:		**Year:**	
Result / Grade:		**Transfer Certificate No.:**	
Reason for Leaving:			

5. EMERGENCY CONTACT

Contact Person:		**Relationship:**	
Mobile No.:		**Alternate No.:**	

6. DECLARATION

I/We declare that the information furnished in this form is true and correct to the best of my/our knowledge. I/We agree to abide by the rules and regulations of St. Gabriel School and understand that the school may verify the information and documents submitted.

Signature of Student	**Signature of Parent/Guardian**	**For School Office**
_____	_____	_____
Date: _____	Date: _____	Date: _____

Documents to be attached (as applicable): Birth Certificate, Aadhaar/ID proof, recent passport-size photographs, previous school Transfer Certificate, previous academic records and any other documents required by the school.