



CREDENCE
GLOBAL SCHOOL

33/17, Safiabad Road Narela, Delhi - 110040

Phone: 9718393138, 01165101171

Email: admissions@credenceglobalschool.com Website: www.credenceglobalschool.com

Application Form

Date.....

Registration No.: CGS/20...../.....
(To be filled in by the office)

Photograph of
student

I. Student's details

1. First Name:Second Name:

2. Date of Birth:

3. No of Siblings:

4. Is your child the first born (Yes / No) :

5. Nationality:

6. Gender (Please tick) : Male Female

7. Religion:Category: (Gen/SC/ST/OBC/Others):If 'others', pls. specify

8. Residential Address:

.....

9. Telephone:

10. Mobile:

11. Email:

12. Distance of residence from school:

13. Have you shifted to Delhi? (Yes / No) :

14. Are you a single parent? (Yes / No) :

15. Is there any specific medical condition about your ward which the school should be informed of:

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16. Do you require school transport (Yes / No) :

17. Name of previous school/ Pre nursery attended:

18. Do you have any relation studying in the Credence Global School (Yes / No) :

II. Parents Information

	FATHER	MOTHER
Name		
Age		
Occupation		
Designation		
Annual Income		
Nationality		
Email		
Mobile		
Photo		

III. Sibling Information

i. Brother/ Sister name:Age:Class:

School attending/ attended:

ii. Brother/ Sister name:Age:Class:

School attending/ attended:

Declaration

We, father/mother and/or guardian of Master / Miss
hereby declare that the information given above by us is true and correct. We understand and accept that the admission of our ward, if granted, may be cancelled at any time if any information given by us is found to be incorrect or false.

.....
Signature of Father

.....
Signature of Mother

.....
Signature of Guardian

Application Form

FOR OFFICE USE ONLY

I have checked the entries in the form and the accompanying documents. I certify that all the documents are in order and the entries are true and correct according to the documents submitted by the parents/guardian. I find the child fit and eligible for registration for admission to class....., I recommend grant of registration of the candidate for admission to class.....

Date:

Name

Admission In charge

Registration allowed/not allowed

Date:

.....

Principal's Signature