UNDERTAKING

I/We hereby certify that the information is correct to the best of my / our knowledge and belief, Further, I/We fully understand that if any information is found to be false/incorrect, the admission of my/our ward will stand cancelled. **I/We also understand that the application for registration does not guarantee admission to my / our ward.** If my/our son / daughter is selected for admission, we hereby agree and give consent to abide by the rules and regulations of school as applicable now and as amended from time to time.

ACKNOWLEDGMENT
RECEIPT

Mother's Name : _____

Signature : _____

Father's Name : _____

Signature : _____

Guardian's Name : _____

Signature : _____

GEORGIONS ACADEMY
THE INTERNATIONAL PUBLIC SCHOOL

FOR OFFICE USE ONLY

Admission order by the Head of the School   Admitted ☐   Not Admitted ☐

Class _____   W.E.F. _____

_____
Signature of Head of the School

Enclosures to be submitted along with the Registration Form

Note :
1. Please attach photocopy of the following supporting documents :
   I.   Birth Certificate of the Child. (Issued by the Municipal Corporation or any Competent authority).
   II. Proof of Residence. (Passport/Voter ID/Electricity Bill/Ration Card).
   III. Proof of Sibling if studying at Georgions Academy (If Applicable).
   IV. Final Progress Report of the previous class and the recent Progress Report of the Current class. (If Applicable).
2. Two recent passport sized photographs of the Child and each Parent to be submitted.
3. Short-listed students will be informed by Post/Telephone/Email.
4. Incomplete Forms are liable to be rejected without any intimation.

GEORGIONS ACADEMY
THE INTERNATIONAL PUBLIC SCHOOL

REGISTRATION FORM

Session 20 ☐☐ - ☐☐

Name of the Child _____

Admission sought in Class _____

Registration No. ☐☐☐☐☐☐☐☐☐

Date of Issue _____

Mile Stone-15, NH-2, P.O. Makkhanpur, Shikohabad, Distt. Firozabad-205 145 (U.P.)
Tel.: +91 7500245455, 9453844601, 9695528076

www.georgionsacademy.org | email : ga.skb.hr19@gmail.com

(Please fill the Form in capital letters only)

1. How did you learn about the opening of Registration at Georgions Academy.

   Advt. ☐   Website ☐   Pre-School ☐   Friends ☐   Other ☐

2. Name of the Child : _____ M ☐ F ☐

3. Date of Birth (dd/mm/yyyy): ☐☐☐☐☐☐☐☐

4. Place of Birth : _____ City of Birth _____ State of Birth _____

5. Age as on 1st April 20 ☐☐ : ☐☐ Years ☐☐ Months ☐☐ Days Blood Group : ___

6. Admission sought in Class (in words) : _____

7. Nationality : _____ Domicile of : _____

8. Mother Tongue : Hindi ☐   English ☐   Other (specify) ☐

9. Admission Category   GEN ☐   EWS ☐   Other ☐ (Please specify) _____

10. Is your Child suffering from any Chronic Disease / Illness / Allergy / Disabilities which the school should be aware of _____

11. Residential Address (Local Address) House No./Plot No./Vill : _____

    Locality : _____ P.O. _____

    Distt/City : _____ State : _____ Contact No. : _____

12. Distance from the School in kms : _____

13. Permanent Address (Postal Address) House No./Plot No. : _____

    Locality : _____

    Distt/City _____ State : _____ Contact No. : _____

Please fill in the following :

	Father
Name	
Age	
Academic Qualification	
Profession	
Annual Income	
Organization	
Designation	
Office Address	
City / state	
Office & Mobile No.	
E-mail	

Please fill in the following :

	Mother
Name	
Age	
Academic Qualification	
Profession	
Annual Income	
Organization	
Designation	
Office Address	
City / state	
Office & Mobile No.	
E-mail	

a) Other Details : Kindly fill this if applicable

   Current School : _____ Current Class : _____

   Medium of Instruction of School : _____ Board of Affiliation : CBSE/ICSE/UP/Other _____

   School Address : _____

b)

Class	Exam	Overall % / Grade

c) Whether any Sibling/s (Real Brother/Sister) who have applied or studying at Georgions Academy If yes,

Name of the Child	Admission No.	Class	Section

What are your Child's special skills and Interest? Mention achievements if any :

_____

What expectation do you have from the School ?
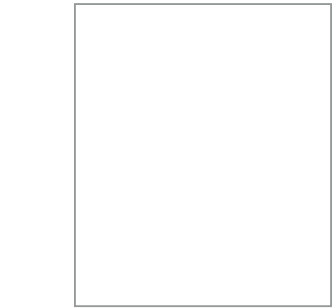
_____

Area of Interest where Parental contribution could enrich the School

Music / Dance / Drama ☐   Social Skills ☐   Painting / Sculpture ☐   Sport ☐

Academics ☐   Public Speaking ☐   Communication Skills ☐   Media / PR ☐

Bus / Outing Supervision ☐   Community Programmes ☐   Career Counseling ☐   Medical ☐

Other ☐

Name of the Student _____

Admission in Class _____

Registration No. _____

Date _____

Join us for an Interactive Session

on _____ Date

at _____ (Time).

Admission in Charge
- Please carry originals of all the document attached with the Registration Form
- Please carry this Receipt on the day of Interaction

GEORGIONS ACADEMY
THE INTERNATIONAL PUBLIC SCHOOL