



OMPEE GLOBAL SCHOOL

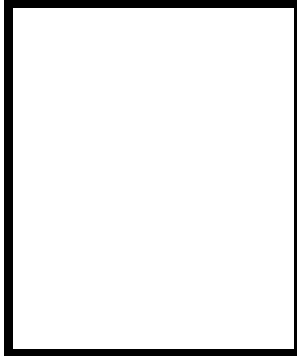
Sector-1, IMT ,Manesar

Date-

DOJ-

OGS No-

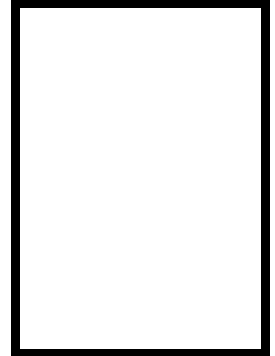
APPLICATION FORM



Student's Photo



Mother's Photo



Father's Photo

GENERAL INFORMATION-

Have you ever applied for admission in OMPEE GLOBAL SCHOOL- yes no

Enrollment in class- _____

Session applying for- _____

PERSONAL DATA-

Surname _____ First Name _____ Middle name _____

Date of Birth _____ Age as on 31st March (20) Years _____ Month _____ Days _____

Sex - Female Male Nationality _____

Permanent address _____ City _____ Pin Code _____

Country _____ Home Telephone _____ Mobile _____

Email Address _____

Mailing Address _____ City _____ Pin Code _____

HEALTH INFORMATION-

Allergy/Chronic ailment (if any) _____

Physically handicap/disabled _____

Blood Group _____ Any other health issues _____

SEN _____ (Kindly enclose medical documents as applicable)

EDUCATIONAL BACKGROUND-

Name of the previous and present school attended _____

Board _____ City/State _____ Country _____

From _____ To _____ Reason for leaving _____

Has the child ever been rusticated/not promoted to next class by any school? Yes No

If YES, please give details _____

PARENT'S/ GUARDIAN'S INFORMATION-

Father's Name _____ DOB _____ Qualification _____

Nationality _____

Mother's Name _____ DOB _____ Qualification _____

Nationality _____

Relationship with child _____ Are parents living together Yes No

If NO, legal guardianship under- _____ (Kindly enclose legal documents where applicable)

PROFESSION/OCCUPATION-

Father's Profession/Occupation- _____ Annual Gross Income- _____

Official Address- _____ Off. Tel- _____ E-Mail- _____

Mother's Profession/Occupation- _____ Annual Gross Income- _____

Official Address- _____ Off. Tel- _____ E-Mail- _____

OTHER RELATIVES INFORMATION-

Real Brother/Sister Name 1 _____ Age _____ School _____ -
Name 2 _____ Age _____ School _____

Relatives who are studying/have studied in OMPEE School –

Name- _____ Class- _____ Year of Joining- _____ Relationship- _____

REFERENCES-

Name 1- _____ Designation- _____
Mobile. No- _____ Address- _____

Name 2- _____ Designation- _____
Mobile. No- _____ Address- _____

TRANSPORT

School Bus Facility Yes No

DOCUMENTS FOR SUBMISSION

1. Birth Certificate
 2. ID Proof of the parent & child.
 3. Current Residence Proof
 4. Immunization Card
 5. Four photographs of each parent & child.
 6. Education certificates of the parents.
 7. Transfer Certificates.
 8. Current Academic report)
 9. Previous final report
- (Tick the above, when verified)

Signature of father
(FOR OFFICE USE ONLY)

Signature of Mother

Referred by OGS

Referred by OIS