D.S. PATEL LITTLE STARS PLAYGROUP

220, Jawahar Nagar, Goregaon (W), Mumbai - 400 104
88280 15906 / 88283 37356 | www.gesschool.org

APPLICATION FOR ADMISSION

Academic Year 2027-2028

Please complete all mandatory details. Admission is subject to seat availability and the Playgroup's admission process. **Registration does not guarantee admission.**

APPLIED LEVEL

FORM NO. (OFFICE USE)

DATE (DD/MM/YYYY)

FATHER / GUARDIAN
Paste recent passport-size photo

STUDENT
Paste recent passport-size photo

MOTHER / GUARDIAN
Paste recent passport-size photo

STUDENT INFORMATION

SURNAME

FIRST NAME

FATHER'S / GUARDIAN'S NAME

MOTHER'S / GUARDIAN'S NAME

DATE OF BIRTH (DD/MM/YYYY)

PLACE OF BIRTH

GENDER

NATIONALITY

MOTHER TONGUE

BLOOD GROUP

RELIGION

CASTE

AADHAAR CARD NO.

CATEGORY ○ General ○ SC ○ ST ○ DT/NT ○ OBC ○ Other

ADDITIONAL CHILD INFORMATION

PREFERRED BATCH / TIMING

LANGUAGE MOST USED AT HOME

ANY HABITS, COMFORT NEEDS OR OTHER INFORMATION THE PLAYGROUP SHOULD KNOW

PARENT / GUARDIAN INFORMATION

PARENT / GUARDIAN STATUS ○ Both parents ○ Single parent ○ Guardian

FATHER / GUARDIAN 1

FULL NAME

EDUCATIONAL QUALIFICATION

OCCUPATION / DESIGNATION

OFFICE / ORGANISATION NAME AND ADDRESS

ANNUAL INCOME (PER ANNUM)

PAN CARD NO.

AADHAAR CARD NO.

CONTACT NO.

EMAIL ID

MOTHER / GUARDIAN 2

FULL NAME

EDUCATIONAL QUALIFICATION

OCCUPATION / DESIGNATION

OFFICE / ORGANISATION NAME AND ADDRESS

ANNUAL INCOME (PER ANNUM)

PAN CARD NO.

AADHAAR CARD NO.

CONTACT NO.

EMAIL ID

RESIDENTIAL ADDRESS

PRESENT ADDRESS

PERMANENT ADDRESS

☐ Permanent address is the same as present address

SIBLINGS

NAME	SCHOOL NAME	CLASS

MEDICAL INFORMATION & DOCUMENT CHECKLIST

MEDICAL HISTORY OF THE STUDENT

Please disclose any major illness, allergy, disability, medication or health-care support required by the child.

DETAILS (WRITE 'NONE' IF NOT APPLICABLE)

EMERGENCY CONTACT NAME | **RELATIONSHIP** | **CONTACT NO.**

DOCUMENTS TO BE ENCLOSED

- ☐ Certified copy of the child's birth certificate
- ☐ PAN and Aadhaar copies of both parents / guardians
- ☐ Certified copy of the child's Aadhaar card
- ☐ Academic qualification proof of both parents / guardians
- ☐ Proof of residence (attested copy)
- ☐ Recent electricity or telephone bill
- ☐ Vaccination certificate certified by a doctor
- ☐ Two recent passport-size photographs

TOTAL NUMBER OF ENCLOSURES | **VERIFIED BY (OFFICE USE)** | **DATE (OFFICE USE)**

IMPORTANT INSTRUCTIONS

1. Acceptance of this application form does not guarantee admission.
2. The fees are to be paid by Online mode only.
3. Please enclose all documents listed above with the application form.
4. Original certificates must be produced for verification when submitting the form.
5. Fees once paid are non-refundable and non-transferable, subject to applicable law and Playgroup policy.

DECLARATION & OFFICE USE

DECLARATION BY PARENT / GUARDIAN

This application represents a request for admission of my child / ward to D.S. Patel Little Stars Playgroup. I understand that acceptance of this application does not guarantee admission and that admission is not granted against any donation or deposit.

I declare that the information supplied by me / us is true and correct. I understand that the application may be rejected, or admission withheld or withdrawn, if the information is found to be incorrect, supporting documents cannot be produced, or the Playgroup is unable to meet the child's disclosed health-care support needs.

NAME OF PARENT / GUARDIAN MAKING THIS DECLARATION

PLACE

DATE (DD/MM/YYYY)

FATHER'S / GUARDIAN'S SIGNATURE

MOTHER'S / GUARDIAN'S SIGNATURE

FOR OFFICE USE ONLY

MASTER / MISS

ADMITTED TO LEVEL

ACADEMIC YEAR

FORM NO.

BATCH / TIMING

DATE OF ADMISSION

REMARKS

SIGNATURE OF PRINCIPAL