WELLAND GOULDSMITH SCHOOL 288, B. B. GANGULY STREET, KOLKATA 700012

FORMAT FOR ADMISSION

APPLY TO:

The Principal, Welland Gouldsmith School, 288, B. B. Ganguly Street, Kolkata 700012

PLEASE NOTE: NO CHARGES TO BE PAID TO ANYONE

LOWER NURSERY – APRIL 2025 - MINIMUM AGE 3 YEARS PLUS UPPER NURSERY – APRIL 2025 - MINIMUM AGE 4 YEARS PLUS

KG - APRIL 2025 - MINIMUM AGE 5 PLUS CLASS I - APRIL 2025 - MINIMUM AGE 6 PLUS

Forms have to be Hand-Written (in BLOCK LETTERS) or typed and dropped into the box provided at the school gate.

The candidate's Date of Birth should have been registered with the Municipal Corporation prior to the candidate completing the age of one year.

THE FOLLOWING DOCUMENTS ARE TO BE ATTACHED ALONG WITH THE ADMISSION FORM:

- 1. Passport size photograph of the child
- 2. Copy of the Birth Certificate from the Municipal Corporation
- 3. Copy of Aadhaar card of the child and Parents/Guardians
- 4. Previous years Report Card (if applicable)
- 5. Transfer Certificate from previous school to be submitted on the day of joining (if applicable)
- 6. Baptism Certificate (For Christians Only)

RECEIPT OF FORM IS <u>NO GUARANTEE</u> OF EITHER ADMISSION OR EVEN OF THE CANDIDATE BEING CALLED FOR AN ENTRANCE INTERVIEW.

WELLAND GOULDSMITH SCHOOL 288, B. B. GANGULY STREET, KOLKATA 700 012

ADMISSION FORM*

Academic Session: 2025-2026

CHILD'S RECENT

	icadelliic Jessioli. 2025-2020		PASSPURI SIZE
C	lass in which admission is sought (April 2025):	PHOTOGRAPH
* <u>To</u>	be filled entirely in BLOCK LETTERS		
1.	Name of Child:		
	Date of Birth (DD/MM/YYYY): (In Words):		
3.	Aadhaar Card Number:		
4.	Nationality: Religion:	Mother T	ongue:
5.	Residential Address:		
6.	Father/Legal Guardian's Name::		
	Mobile Number(s):		
8.	Aadhaar Card Number:		
9.	Father's Occupation: **Income (Per Month):		
10.	Office Address:Ph. NoPh. No		
11.	Mother/Legal Guardian's Name ☐:	•••••	
	2. Mobile Number(s): Email ID: Email ID:		
	Aadhaar Card Number:		
	Mother's Occupation: **		= =
15.	Office Address:	Ph. No.	
16.	Any siblings currently studying in Welland G	ouldsmith School (Not Cou	sin or Other Relatives)?
	If Yes:		
	1) Name:	Class:	Section:
	2) Name:	Class:	Section:
17.	Is the Mother an Ex-Student of Welland Gou	Idsmith School?	/ No 🔲
	If Yes:		
	a) Maiden Name:		
	b) Year of Leaving School:	••••••	
	c) Examination Passed:	••••••	
n case c	e specify: of "Service" – Name of Company/Organization and Position of "Business" – Name of Company/Organization and Produ		
	FOR OFFICE USE ONLY		
erial N	Iumber:	Signat	ure of Parent/Guardian
	w Date: Time:	Date:	
	for Class:		
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