

WELLAND GOULDSMITH SCHOOL – PATULI

FORMAT FOR ADMISSION

APPLY TO : The Principal, Welland Gouldsmith School,
Plot No. 1, I-5, Block 'E', Baishnabghata Patuli, Kolkata 700 094

PLEASE NOTE : NO CHARGES TO BE PAID TO ANYONE

LOWER NURSERY - APRIL 2025 – BOYS & GIRLS MINIMUM AGE 3 YEARS PLUS
UPPER NURSERY - APRIL 2025 – BOYS & GIRLS MINIMUM AGE 4 YEARS PLUS
KG - APRIL 2025 – BOYS AND GIRLS MINIMUM AGE 5 PLUS
CLASS I - APRIL 2025 – BOYS AND GIRLS MINIMUM AGE 6 PLUS

FORMAT WILL HAVE TO BE HAND WRITTEN OR TYPED (IN BLOCK LETTERS) AND DROPPED INTO THE BOX PROVIDED AT THE SCHOOL GATE. PLEASE ATTACH A PHOTO COPY OF THE BIRTH CERTIFICATE FROM THE MUNICIPAL CORPORATION ALONG WITH THE FORM.

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 year 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 NO GUARANTEE OF EITHER ADMISSION OR EVEN OF THE CANDIDATE BEING CALLED FOR AN ENTRANCE INTERVIEW.

WELLAND GOULDSMITH SCHOOL
Baishnabghata, Patuli Township, Kolkata 700094

ADMISSIONFORM*



Academic Session: 2025-2026

Class in which admission is sought (April 2025):

***To be filled entirely in BLOCK LETTERS**

1. Name of Child: (BOY / GIRL)
2. Date of Birth (DD/MM/YYYY): (In Words):
3. Aadhaar Card Number:
4. Nationality: Religion: Mother Tongue:
5. Residential Address:
.....
6. Father/Legal Guardian's Name :
7. Mobile Number(s): Email ID:
8. Aadhaar Card Number:
9. Father's Occupation: ** Income (Per Month):
10. Office Address: Ph. No.
11. Mother/Legal Guardian's Name :
12. Mobile Number(s): Email ID:
13. Aadhaar Card Number:
14. Mother's Occupation: ** Income (Per Month):
15. Office Address: Ph. No.
16. Any siblings currently studying in Welland Gouldsmith School (Not Cousin or Other Relatives)?
If Yes:
1) Name: Class: Section:
2) Name: Class: Section:
17. Is the Parent an Ex-Student of Welland Gouldsmith School? Yes / No
If Yes:
a) Maiden Name:
b) Year of Leaving School:
c) Examination Passed:

****Please specify:**

In case of "Service" – Name of Company/Organization and Position/Post

In case of "Business" – Name of Company/Organization and Product/Service Concern

FOR OFFICE USE ONLY

Serial Number: _____

Interview Date: _____ Time: _____

Eligible for Class: _____

Signature of Parent/Guardian
Date: