



Goodwill International Foundation's  
D.D.M. English High School & College  
Charal Thane (W) - 400601.

# SMALL WONDERS

Empower, Enhance, Enrich Young Minds

Visit : <http://www.goodwillfoundation.in/>

Tel : 25437877, 8097671696

AFFIX STUDENTS  
PASSPORT SIZE  
PHOTOGRAPH  
HERE

## Application for Admission

(Nursery, Junior KG. & Senior KG)

### Student Information

Full Name : (Last Middle First) : \_\_\_\_\_ Class / Standard \_\_\_\_\_ School year : \_\_\_\_\_

Res. Address : \_\_\_\_\_ Date of Birth (dd/mm/yy) :

Applicant resides with / if different from parent) : \_\_\_\_\_ Place of Birth \_\_\_\_\_

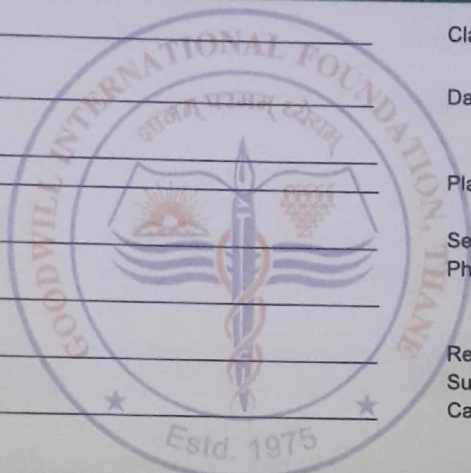
Parental Address : \_\_\_\_\_ Sex : Female  Male

Relationships to applicant : \_\_\_\_\_ Phone : \_\_\_\_\_

Relationship to the applicant : \_\_\_\_\_

Sub Caste : \_\_\_\_\_

Caste Category : Open OBC SC / ST / OTHERS \_\_\_\_\_



### Parent Information

Marital Status  Married  Single  Divorced  Widow(er)  Other \_\_\_\_\_

#### Father

Full Name : \_\_\_\_\_ Occupation : Business Pvt. Job Govt. Job Others : \_\_\_\_\_

Home Address : \_\_\_\_\_ Work Address : \_\_\_\_\_

Work Phone : \_\_\_\_\_

Home Phone : \_\_\_\_\_ Email : \_\_\_\_\_

Mobile : \_\_\_\_\_ Education : \_\_\_\_\_

#### Mother

Full Name : \_\_\_\_\_ Occupation : Business Pvt. Job Govt. Job Others : \_\_\_\_\_

Home Address : \_\_\_\_\_ Work Address : \_\_\_\_\_

Work Phone : \_\_\_\_\_

Home Phone : \_\_\_\_\_ Email : \_\_\_\_\_

Mobile : \_\_\_\_\_ Education : \_\_\_\_\_

If parent live at two separate address Please indicate who should receive correspondence.  FATHER  MOTHER

### Details Of Close Relative - Emergency Contact

Name : \_\_\_\_\_ Relationship : \_\_\_\_\_

Address : \_\_\_\_\_ Phone : \_\_\_\_\_

**Applicant's Parent School**

**OTHER CHILDREN IN THE FAMILY**

Current School Name : \_\_\_\_\_

Name

School

Birth Date

Class

Address : \_\_\_\_\_

Class Std \_\_\_\_\_

Contact Person : \_\_\_\_\_

School Phone

**STUDENT PROFILE**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1) What talent or strong interest does your child exhibit (ex. fine and performing arts, athletics, computer etc)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Has your child ever been promoted / stepped beyond his or her level or held back in school?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Has your child had previous academic problems which required tutoring or remedial help, If yes, in what area and for how long?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Does your child received medical treatment for allergies or any chronic conditions? If yes, please explain :   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Are there limitation on participation in athletics? If yes Please explain :  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Has your child undergone any diagnostics or evaluative testing for learning differences or psychological/psychiatric concerns, either through school or outside of school? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Is your child physically handicapped? If yes, please specify _____   | <input type="checkbox"/> | <input type="checkbox"/> |

**HOW DID YOU HEAR ABOUT THIS SCHOOL ?**

- Reference     
  T.V Ad     
  Banner     
  Social Media     
  Other \_\_\_\_\_

Preferred mode of transport :  Rickshaw     Pvt.Bus     Own Vehicle

**DECLARATION**

To  
The Principal  
D.D.M English High School & Junior College  
Small Wonders

In consideration of my child's participation in events organized by the School that may include field trips, excursions expenditures, annual camps, sports and events etc. I hereby release by the Management, officers, employees of D.D.M. English High School & Junior College, its parent and sister concerns and any other people officially connected with the events, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglement, imprisonment loss life and money which might occur while my child is participating in the event. In the event of an injury or illness, I authorize the seeking of such medical assistant on my behalf that my child may require and I grant permission to any or all healthcare providers to provide that assistance. I will be responsible for any medical costs my child incurs as a result of his / her participation will not hold the management responsible for any accident or loss during activities. During my child participation in the school, the school may take photographs and videos of my child participating in various activities. I hereby grant permission to the school to use them in promotional materials of any kind and in school publications.

Signature of Parent / Guardian

Place :

Date :

**Written completed application along with :**

- 1) Birth certificate / proof of birth
- 2) Previous School records / transcripts and transfer certificate.
- 3) Registration fees by cheque / pay order payable to GOODWILL INTERNATIONAL FOUNDATION'S
- 4) Three passport size photographs (One affixed to this application; please write the name of the student on the back of the other two photographs)
- 5) Medical records/certificate (School be provided before the first day of school)



**GOODWILL INTERNATIONAL FOUNDATION'S**  
D.D.M. English High School & Jr. College

**Address :**  
Beside Dr. Kumbha Hospital, Charal, Thane (west), Pin 400 601  
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Website: [www.goodwillfoundation.in](http://www.goodwillfoundation.in)