

Application Form No. _____



Under the aegis of JS Educational Society
VPO: Binjalpur, Teh: Barara (Ambala)

APPLICATION FORM

Details

Name _____

Class _____

Admission No. _____

APPLICATION FORM

Please answer all the questions and write the information clearly in BOLD letters using either black or blue pen.

Affix recent Photo Student	Affix recent Photo Mother	Affix recent Photo Father	Affix recent Photo Family
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GENERAL INFORMATION

I/We are considering enrolment in Grade / Class _____ with Effect from _____ Month / Year _____

Personal Data Of Student

Surname _____ First Name _____ Middle name _____
Date of Birth: - Date Month year Age as on 31st March 20
Gender: Male Female Mother Tongue _____ Language Spoken at Home _____
Residential Address _____
City _____ Pin Code _____ Country _____
Email Id: _____ Home Tel. _____ Mobile No. _____
Emergency Contact No. _____

HEALTH INFORMATION

Allergy / Chronic ailment _____
Physical handicap / disability (if any) _____
Any other health problem _____

Educational Background

Name (s) of previous & last School attended _____
City/State _____ Country _____ From _____ to _____
Reason for Leaving _____
Has the child been Expelled / Rusticated / Not Promoted to next class by any School? Yes No If Yes, Please give details _____

PARENTS / GUARDIAN'S INFORMATION

Father's / Guardian's Name _____ Age _____

Nationality Education / University

Mother's Name

Nationality Education / University

Relationship with Child are parents living together: Yes No

PROFESSION / OCCUPATION

Father's / Guardian's Profession / Occupation Annual Gross Income

Office Address

Telephone Fax Mobile Email

Mother's Profession / Occupation Annual Gross Income

Office Address

Telephone Fax Mobile Email

OTHER RELATIVES INFORMATION

Real Brother / Sister 1 – Name

Age School attending / attended

Real Brother / Sister 2 – Name

Age School attending / attended

REFERENCES

Name Relationship with the child Mobile

Address City / State Pin Code

Name Relationship with the child Mobile

Address City / State Pin Code

CONTACT PERSON (other than parents) IN AN EMERGENCY PREFERENCES

Name Relationship with the child Mobile

Address City / State Pin Code

Name Relationship with the child Mobile

Address City / State Pin Code

TRANSPORT

School Bus facility Yes No

No. _____
Name _____
Class _____



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Please attach following documents with this form

1. Attested copy of birth certificate.
2. Attested copy of residence proof. (Passport valid)
3. Attested copy of immunization record.
4. Attested copy of Aadhar card.
5. For Class 2 and above, previous 3 years report cards.
6. For Class 2 and above, Transfer Certificate should be Counter signed by education officer.
7. Visiting / Business Card of Parents.
8. Passport Size Photographs of child and Parents / Guardians (1 each).
9. Medical records of the child in case of ailment.
10. Family Photo

Declaration / Undertaking

This form is intended to provide information about the Student and his / her family, without obligation on either Side. I/We understand that, if we wish to proceed further all Entries in the Application Form must be complete. I/We certify that the information provided in this form is true to the best of my knowledge and belief.

Date ____/____/____ Place _____

Parent's /Guardian's Signature

For office use only

Date of enquiry ____/____/____

Remarks _____

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Name of the child _____ S/o , D/o , Mr. /Mrs. _____ For

Admission To Class _____.

Parents are requested to bring their child for personal interaction with the Principal / Admission head on at _____.

Office Incharge