

St. JOSEPH

MATRICULATION HIGHER SECONDARY SCHOOL **By Sisters of DMI**

NO: 22, MUTHUKUMARAN NAGAR, POONAMALLEE, CHENNAI - 600 056 PH: 94443 90714 Website: www.sjmhsschool.ac.in

Email: dftdmipoonamalleesch@dmifoundations.org

APPLICATION FOR ADMISSION

ACADEMIC YEAR 20 -- 20 ITOX Affix recent passport size photo A. INFORMATION OF THE CHILD Name of the PUPIL (Capital Letters only) Gender Date of Birth **Blood Group** Age Female Male MM YYYY DD Roman Catholic Religion Caste **Nationality** Yes NO Aadhar No. Community □ OC □ BC □ MBC □ SC □ ST □ SS □ BCM □ Others Languages Known **Mother Tongue** RESIDENTIAL ADDRESS **TEMPORARY ADDRESS** Father's Mobile No. Mother's Mobile No. E-Mail ID: E-Mail ID: Distance from school (in kms): Preferred Phone Number for school SMS: Emergency Contact No. (Res/Mobile) Name of the person to be contacted Relationship

	Guardian:				
Name:		Age:	Nationa	ality:	
Educational Qualification:		Institutio	:		
Occupation:		Office Add	Office Address:		
Designa	ntion:				
Annual Income:		Mobile No	Mobile No.:		
Mother	/ Guardian:				
Name:		Age:	Age: Nationality:		
Educational Qualification:		Institution	Institution:		
Occupation:		Office Add	Office Address:		
Designa	ntion:				
Annual	Income:	Mob <mark>i</mark> le No	Mobile No.:		
	of Staff's ward: Name Age Na Na Na Na Na Na Na Na Na N	me of the Paren	t:	Standard	
Year	Name of the school Studie	SINCE 1984	rd / Grade o	Grade / Marks btained in final exams	

B. FAMILY INFORMATION

Any Medication taken for general well-being of the child.							
Any medication taken	•	tion, such attention (deficit / thyroid (hypo /				
Does the child have a	ny difficulty in seeing?	Yes No					
Any Consultation witl	doctor done: Yes	No					
If yes, Explain :							
Any Allergy / any med	near information that se	nooi snould be aware	. 01.				
E. ENCLOSURES (A	ll documents are ma						
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	have the authority to admit my child / ward
needed to suppor statements provid	ne parent / legal guardian. I undertake the responsibility of providing any evidence the information provided here, if necessary for any reason. I declare that the ed in this application are correct to my knowledge and if found otherwise. I shall ion of the management. I agree to abide by the rules, regulations and the feed tool.
Date of Submis	tion:
Place:	
	Signature of Parent / Guardian
	FOR OFFICE USE ONLY
Master / Mis	s / Baby :
•	rade / Class:
Group	ALLY HUND
Date	DMI FOUNDATIONS
	CHOL 1707