

Appl. Form No:

Admn.No:



ST. JOSEPHS MAT. HR. SEC. SCHOOL

NO: 22, Muthukumaran Nagar, Joseph Town, Poonamallee, Chennai - 600 056

APPLICATION FOR ADMISSION

CLASSES PRE-KG to X

Academic Year 20 - 20

1. NAME OF THE PUPIL :
(in Block Letters)

2. NAME OF THE PUPIL in TAMIL :

3. EMIS No. :

4. DATE OF BIRTH :
DD MM YY

*Affix
photo here*

5. AGE :

6. SEX : M F

7. NATIONALITY :

8. STATE ~~STATE~~ :

9. CASTE :

10. COMMUNITY : OC BC MBC SC ST SS BCM

11. RELIGION :

12. ROMAN CATHOLIC : YES NO

13. MOTHER TONGUE :

14. BLOODGROUP :

13. Previous school and class attended by pupil	
14. Admission of the class seeking	
15. Second Language	

16. DETAILS OF THE PARENT :

DETAIL	FATHER	MOTHER
a) Name		
b) Occupation		
c) Monthly Income		
d) Address : Residence	Office :	Office :
Phone No. :	Phone No. :	Phone No. :
Email :	Email :	Email :

NOTE :

1. Transfer certificate from the previous school studied should be surrendered in original at the time of admission
2. This form must be signed by Father and Mother. In case the parents are not capable for endorsing the application, the Guardian must undertake the responsibility.
3. Attested xerox copy of Birth, Aadhar Card and Community certificate must be produced at the time of submission of application form

PARENTS / GUARDIAN DECLARATION

I hereby declare that the above entries are correct to the best of my knowledge and I undertake to abide by the rules of the school
I declare that I will not ask for a change in date of birth in the future.

Place :

Date of Submission :

Signature of Father

Signature of Mother / Guardian

OFFICE USE

Master / Miss / Baby has been granted admission in
Std / class Group On

Office Staff

PRINCIPAL