



**SHRI JAJENDRA VIDHYALAYA (CBSE)**

**VADUGAPATTI, MUSIRI-621 211.**

**[Govt Recognised RC.NO: 65067/G1/S4/2017]**

**E-Mail ID: [shrijayendravidhyalaya@gmail.com](mailto:shrijayendravidhyalaya@gmail.com)**

**Web site : [www.sjvcbsemusiri.com](http://www.sjvcbsemusiri.com)**

### ADMISSION FORM

**Admission No** \_\_\_\_\_

**Form. No** \_\_\_\_\_

Affix photo of Father

Affix photo of Mother

Affix photo of Child

We, \_\_\_\_\_ and, \_\_\_\_\_ desire to have our son/daughter/ward whose particulars are given below admitted as a day scholar in your School:

#### INFORMATION OF THE CHILD

Last Name

First Name

Gender

Date of Birth

Date of Birth in Words

☐

Male

☐

Female

Class for which admission is sought

Religion

Nationality

SC/ST

☐

Yes

☐

No

Languages known

**RESIDENTIAL ADDRESS**

<b>Tel:</b>
<b>Fax:</b>

**CORRESPONDENCE ADDRESS**

<b>Tel:</b>
<b>Fax:</b>

**FAMILY INFORMATION****Father/Guardian:**

<b>Name:</b>	<b>Age:</b>	<b>Nationality:</b>
<b>Educational Qualification:</b>	<b>Institution:</b>	
<b>Occupation:</b>	<b>Office Address:</b>	
<b>Designation:</b>		
<b>Annual Income:</b>	<b>Tel:</b>	

**Mother/Guardian:**

<b>Name:</b>	<b>Age:</b>	<b>Nationality:</b>
<b>Educational Qualification:</b>	<b>Institution:</b>	
<b>Occupation:</b>	<b>Office Address:</b>	
<b>Designation:</b>		
<b>Annual Income:</b>	<b>Tel:</b>	

Preferred Phone Number for School SMS:

Whatsapp Number :

Contact Numbers	Name of the person to be contacted	Relationship

**SCHOOL****i) Previous School (if any) attended:**

School transfer certificate to be submitted in original

**ii) Detail of any sibling:**

Name of the Child	Name of the School

**iii) Areas in which you could contribute to enrich school life in terms of time, skills etc.**

Please tick:

Cultural	<input type="checkbox"/>	Medical	<input type="checkbox"/>	Media	<input type="checkbox"/>
Professional	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Academics	<input type="checkbox"/>
Outdoor activities	<input type="checkbox"/>	Camps	<input type="checkbox"/>		

**SIGNATURES**

I hereby certify that the information given in the admission form is complete and accurate. I understand and agree this misrepresentation or omission of facts will justify the denial of admission, the cancellation of admission or expulsion.

I have read and do hereby consent to the term and conditions enclosed with the registration form.

**Signature of Mother / Guardian**

**Signature of Father / Guardian**

**For Office use only**

- ☐ Birth Certificate
- ☐ Transfer Certificate (TC)
- ☐ Community Certificate
- ☐ Income Certificate
- ☐ Aadhaar Xerox
- ☐ Admission fees

**Admission co-ordinator**

**Head of the Institution**

**Date:**

**Date :**

**VAN DETAILS**

<b>Name</b>	:	<input type="text"/>
<b>Class</b>	:	<input type="text"/>
<b>Village</b>	:	<input type="text"/>
<b>Stop</b>	:	<input type="text"/>
<b>Van Number:</b>		<input type="text"/>
<b>Time</b>	:	<input type="text"/>
<b>Phone Number:</b>		<input type="text"/>

