**St. JOSEPH INTERNATIONAL SCHOOL**

**Chittumala, East Kallada – 691-502, Kollam, Kerala, S. India.**

(*Affiliated to CBSE Syllabus, No. 931092)*

Tel: 0474- 258-6608; 9745600331, 9809692733

*(Sponsored by Valiyavila Foundation Reg. No. IV-66/2001)*

E-mail: [sjis956@gmail.com](mailto:sjis956@gmail.com)

Web site: [www.sjischool.in](http://www.sjischool.in)

**APPLICATION FOR SCHOOL ADMISSION 201…..201…..**

Please fill in the form carefully in **CAPITAL LETTERS. Attach one passport sized colour photo, a birth certificate, all relevant health documents, and a transfer certificate (TC).**

**Application form No: ­­­­……………….. Date:…………………………….**

**Standard for which admission is sought: …………………………. Admission No: …………………..**

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|  | **NAME OF STUDENT** |  |
| **2.** | **GUARDIAN’S NAME** |  |
| **3.** | **GUARDIAN’S RELATION** |  |
| **4.** | **GUARDIAN’S OCCUPATION** |  |
| **5.** | **PREVIOUS SCHOOL DETAILS** |  |
| **6.** | **ADMISSION DATE** |  |
| **7.** | **DATE OF BIRTH** |  |
| **8.** | **DATE OF BIRTH IN WORDS** |  |
| **9.** | **RELIGION** |  |
| **10.** | **CASTE** |  |
| **11.** | **RESERVATION** |  |
| **12.** | **ADMIT COURSE** |  |
| **13.** | **MOTHER TONGUE** |  |
| **14.** | **MEDIUM** |  |
| **15.** | **GENDER** |  |
| **16.** | **BLOOD GROUP** |  |
| **17.** | **NATIONALITY** |  |
| **18.** | **PLACE OF BIRTH** |  |
| **19.** | **MOTHER’S NAME** |  |
| **20.** | **FATHER’S NAME** |  |
| **21.** | **STUDENT’S PRIMARY ADDRESS** |  |
| **22.** | **PHONE NUMBER** |  |
| **23.** | **HOSTEL ACCOMMODATION NEEDED?** |  |
| **24.** | **SCHOOL BUS REQUIRED?** |  |
| **25.** | **IF YES, PICK UP POINT** |  |
| **26.** | **IDENTIFICATION MARKS OF THE STUDENT** |  |
| **27.** | **SPECIAL INTEREST/ TALENTS OF THE STUDENT AS OBSERVED BY PARENTS** |  |

**EMERGENCY CONTACTS**

**FATHER:**……………………………………………………….. OCCUPATION:…………………………………..

PHONE NUMBER:………………………………………… E-MAIL:………………………………………………

FACEBOOK ID……………………………………………….

**MOTHER**:……………………………………………………….. OCCUPATION:…………………………………..

PHONE NUMBER:………………………………………….. E-MAIL:………………………………………………

FACEBOOK ID…………………………………………….

**LOCAL GUARDIAN (IF ANY)**:……………………………… OCCUPATION:…………………………………..

ADDRESS:………………………………………………………………………………………………………………………………………………..

PHONE NUMBER:……………………………………………. E-MAIL:………………………………………………

**DECLARATION BY PARENTS/ GUARDIAN**

DATE OF APPLICATION: ……………………………………. PLACE: …………………………………………….

***We hereby certify that the above information is correct to the best of our knowledge. We also agree to comply with all the school regulations specified in the “Circular No. 1/2016-17” given herewith.”***

Father’s Signature : …………………………………………..

Mother’s Signature : …………………………………………..

Local Guardian’s Signature : …………………………………………..

**OFFICE USE ONLY**

1. CLASS TO WHICH ADMITTED : ……………………………………………………………………………….
2. ADMISSION NUMBER & DATE :………………………………………………………………………….
3. T. C. NUMBER & DATE : …………………………………………………………………………………….
4. ATTESTED COPY OF BIRTH CERTIFICATE ATTACHED (YES/ NO): ……………………………………………..
5. PAYMENT DETAILS:
6. TOTAL SCHOOL FEES :……………………………
7. SCHOOL BUS FEES : ……………………………
8. HOSTEL ACCOMMODATION :………………………………

**ACCOUNTANT PRINCIPAL MANAGING DIRECTOR**