

APPLICATION FORM FOR ADMISSION**ST. JOSEPH INTERNATIONAL SCHOOL**

(To be affiliated to Central Board of Secondary Education, New Delhi)

BY DMI foundations

Mother Virgin Garden, Kodikottai,

Rameshwaram Highway, Sivagangai Dist - 630 302,

Ph : 04561 291981, Mob: +91 9444390723, E-Mail : Sjisckt@gmail.com

Admission No.

Class : LKG - IX

1.	Name of the student (in Block letters)	
2.	Age and Date of Birth	
3.	Sex	
4.	Nationality & Religion	
5.	Community SC/ST/MBC/BC/OC	
6.	Mother Tongue	
7.	Second language	
8.	Third language IV - VIII	
9.	Class to which admission is sought	
10.	Academic year to which admission is sought	
11.	Name of the school and class attaining at present	
12.	Marks scored in the class studying Enclose the photostat copy of the progress report	
13.	Proficiency in Games & Scored specify the events	
14.	Proficiency in extracurricular activities (attach certificates)	

15. Details of Parents :

Particulars	Father	Mother
Name		
Educational Qualification		
Language Known		
Occupation		
Residential Address		
Phone / Fax/Mobile /E-mail :		

16. Details of Local Guardians

Name	1)	2)
Sex / Relationship		
Occupation		
Address		
Phone & Mobile No:		

21. Specific Medical Treatment if any (Specify) :-

This application form must be signed by father if alive otherwise by mother or legal Guardian

PARENT'S DECLARATION

I Hereby declare that the above entire are correct to the best of my knowledge and I undertake to abide by all the rules regulations of the school stipulated in the prospectus.

Place :

Date : Signature of the Mother

Signature of the Father

N.B:All applications for registration should be accompanied by

1. Birth certificate.
2. Community certificate
3. Registration Fee Rs. 1000/-
4. Transfer certificate countersigned by the education officer concerned.

FOR OFFICE USE

Date of Registration		Registration for the	
Reg.Receipt No:		Academic year	
Date of Admission	<input type="text"/>	PRINCIPAL	