



ST. JOHN'S HIGHER SECONDARY SCHOOL

(MANAGED BY AUGUSTINIAN FATHERS)

KARUVELIL, EZHUKONE, KOLLAM – 691 505, KERALA, INDIA

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Admission Form for Session 20____20____ Date ____/____/20____

Admission No. _____

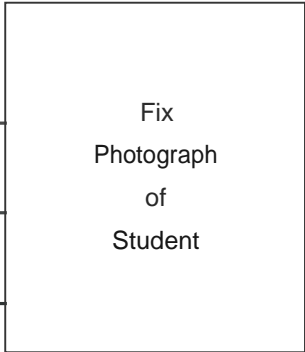
Admission sought for Classes _____

(USE CAPITAL LETTERS ONLY)

1. Name (Master/Miss) _____
2. Father's Name _____
3. Mother's Name _____
4. Date of Birth _____
5. Aadhar Card No. _____
6. Category SC/OBC/ ST _____
8. Caste _____
8. Religion _____ 9. Sex(Male/Female) _____
10. Permanent Address: _____

11. Correspondence Address: _____

12. Phone/Mobile No. Office _____ Res. _____
13. Mother Tongue _____ Nationality _____



14. Bus facilities required (Yes/ No) If Yes, from _____ to _____

15. Class and school in he /she has been studying in the last school:

Name of School _____

Class _____

Medium _____

Transfer Certificate/ School leaving Certificate _____

16. Single Child (Only boy/ Only Girl) _____

17. Particulars of all Brothers/ Sisters study in same school: _____

S.No.	Name of the Child	Age	Class & Section
1.			
2.			
3.			

18. Any Physical ailment _____

19. Any two hobbies of your child: (a) _____ (b) _____

20. Special Interest : _____

21. Family Information (WRITE IN CAPITAL LETTERS)

Mother's Name _____

Academic Qualification _____

Occupation & Designation _____

Address of the Origination where employed _____

Fix
Photograph
o/
Mother

Office Tel. No. _____ Mobile No. _____

E-mail _____

Father's Name _____

Academic Qualification _____

Occupation & Designation _____

Fix
Photograph
Of
Father

Address of the Origination where employed _____

Office Tel. No. _____ Mobile No. _____

E-mail _____

I certify that I am the parent/bonafide guardian of the child and information given in this form is true to the best of my knowledge. I have carefully read the prospectus and agree to abide by the rules, regulations and procedures laid down there in and accept that they may change from time to time at the directions of the school management and extend my full co-operation to keep **things** moving in a healthy manner.

Admission No. _____ Reg. No. _____ Admitted to class _____ Date _____

_____ Office Supdtt. _____ Section _____

Principle Signature

Principal

Checked and Recommended

Signature of Mother _____

Date:

Signature of Father _____

Date:

FOR OFFICE USE ONLY

TO BE ATTACH FOLLOWING DOCUMENTS :

- | | | | |
|---|--------------------------|---|--------------------------|
| 1. Attested Xerox copy of Date of Birth Certificate | <input type="checkbox"/> | 5. School leaving Cert./ Transfer Cert. | <input type="checkbox"/> |
| 2. Photographs of student | <input type="checkbox"/> | 6. Passing Certificate/ Mark Sheet | <input type="checkbox"/> |
| 3. Parent's Photographs | <input type="checkbox"/> | 7.Character Certificate | <input type="checkbox"/> |
| 4. Attested Xerox copy of Aadhar Card | <input type="checkbox"/> | 8. Attested Xerox copy of SC/OBC/ ST | <input type="checkbox"/> |

