

ST. JOHN'S HIGH SCHOOL (ICSE

IDDHARTH NAGAR, BORIVALI EAST, MUMBAI-400066.

ADMISSION FORM

			CANDIDATE'S	
For Office Use Only Form No.:	Date of Issue :		CANDIDATE'S PASSPORT SIZE PHOTO	
G.R. No.:	U.I.D. No.:			
USE ONLY CAPITAL LETTERS. PLEASE DO NO		WHEDEVED NECESSARY		
		WHEREVER NECESSART.		
ADMITTED IN GRADE :				
CANDIDATE'S DETAILS				
FULL NAME : SURNAME	FIRST NAME FATHER'S N	NAME MOTHER	S NAME	
DATE OF BIRTH IN FIGURES :	GENDER : MALE FE	EMALE BLOOD GRO	OUP :	
DATE OF BIRTH IN WORDS :				
MOTHER TONGUE :	RELIGION :	NATIONALITY :		
WHETHER MEMBER OF OBC/BC/SBC/S				
CASTE:SUB-	CASTE :	_		
CANDIDATE'S AADHAAR CARD NO.: (MANDATORY)				
PLACE OF BIRTH :VILLAGE / TOWN / CI	TY TALUKA		DISTRICT	
STATE		COUNTRY		
CANDIDATE'S ADDITIONAL	DETAILS	COUNTRY		
DETAILS OF PREVIOUS SCHOOL A				
NAME OF THE SCHOOL :				
GRADE : UDISE NO. :				
STUDENT'S SARAL ID :				
FATHER'S DETAILS				
FULL NAME :SURNAME				
QUALIFICATION :		MIDDLE NAME	FATHER'S PASSPORT SIZE PHOTO	
ORGANISATION : DESIGNATION :				
OFFICE ADDRESS :				
		OFF. TEL. NO. : _		
MOBILE NO. :	EMAIL ID. :			
MOTHER'S DETAILS				
FULL NAME :SURNAME	FIRST NAME	MIDDLE NAME		
QUALIFICATION :			MOTHER'S PASSPORT SIZE PHOTO	
ORGANISATION :				
OFFICE ADDRESS :				
OFF. TEL. NO. :				
MOBILE NO. :	EMAIL ID. :			

OTHER DETAILS		
RESIDENTIAL ADDRESS:		
	PRIMARY MOBILE	F NO ·
SIBLINGS DETAIL (PLEASE DO NOT MEN	TION NAME OF COUSINS)	
1) SIBLING NAME :		GRADE :
SCHOOL NAME :		
2)SIBLING NAME :		GRADE :
SCHOOL NAME :		
SCHOOL BUS FACILITY R	EQUIRED: YES NO	
I declare that the above pa	articulars given by me are true and I ag	agree to abide by the rules of the school.
DATE	FATHER'S SIGNATURE	MOTHER'S SIGNATURE
FOR OFFICE USE	ONLY	
For Std. I: Original Birth	Certificate - 01 Photocopy Certificate to be submitted riginal Leaving Certificate from the prev	evious School to be submitted
6. PAN Card of both the pa7. Aadhar Card of both the8. Address Proof (Anyone	1 Photocopy) - 01 Photocopy ohs of the child - 02 ohs of the parents - 01each arents - 01 Photocopy each e parents - 01 Photocopy each	tricity Bill
		Signature of the Verifying Clerk in-charge
Principal's Remark : Admit	tted Not Admitted	
Admission Date :/_	/ Grade	w.e.f
Ciana	ture of Admission Clerk	Signature of the Principal
Signa	rate of Mathiasion Cielk	Signature of the Principal