

ST. JOHN'S SCHOOL (ICSE)

(ESTD. 1977)

Peringala, Kayamkulam, Kerala-690559

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APPLICATION FOR ADMISSION

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ACADEI	STUDENT'S PASSPORT SI				
PERSONAL INFORMATION	ONAL INFORMATION				
1. Student's Full Name					
2. Date of Birth	/Age				
3. Gender	[] Male [] Female [] Other				
4. Nationality	5. Religion				
5.Category []G	5.Category [] General [] SC [] ST [] OBC [] Others				
6. Blood Group					
7. Aadhar no.					
8. Father's name					
Aadhar no.					
Contact no.					
Occupation					
Work Address					
9. Mother's name					
Aadhar no.					
Contact no.					
Occupation					
Work Address					
10. Residential Address					
11. Email Address					

	12. Emergency Contact Person					
	- Name					
	- Relationship					
	- Contact no. & Address					
EDU	JCATIONAL BACKGROUND					
	13. Previous School Name:					
	14. Standard to which admission is sought:					
	15. Class/Grade Last Attended:					
	16. Reason for Leaving:					
	17. Sibling/s studying in school					
	Name/s (Class, Relation)					
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DE	DITIONAL INFORMATION					
	18. Medical Conditions/Allergies (If any):					
	19. Identification Mark (If any):					
	20. Conveyance (Bus facility) Required:	[]YES []	NO			
	Boarding point (if YES)					
	21. Interests/Achievements:					
000	CUMENTS CHECKLIST					
	1. Birth Certificate	6. Passport Size Pho	otos			
	2. Aadhar					
	3. Vaccination record					

5. School Leaving Certificate (If Applicable):

4. Medical Reports (if any)

DECLARATION

I declare that I have read the school prospectus and I agree to abide by the rules and conditions laid down therein and those to be made or amended from time to time. I also declare that the statements given above are correct to the best of my knowledge and belief.

DATE			
PLACE			
		NAME & SIGNA	ATURE OF PARENT/GUARDIAN
	PASSPORT SIZE PH	IOTOS OF PARENTS/	GUARDIAN
	FOR O	FFICE USE ONLY _	
DATE			PRINCIPAL SIGNATURE

REMARK/NOTE