

# JEEVAN INTERNATIONAL SCHOOL OF MONTESSORI

No. 24, South Extension, Subramaniapuram 7<sup>th</sup> Street (Near John Hospital)

Karaikudi - 630 002.

Cell : 94425 01080, 94425 01081, 94425 44823

## APPLICATION FORM

Photo

Application No. \_\_\_\_\_

Date : \_\_\_\_\_

1. Name of the Student (in Block Letters) : \_\_\_\_\_
2. Gender : \_\_\_\_\_
3. Date of Birth (Photocopy of Birth Certificate to be attached) : \_\_\_\_\_
4. Nationality : \_\_\_\_\_
5. Religion : \_\_\_\_\_
6. Community : \_\_\_\_\_
7. Residential address of the Student : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. (a) Name of the Father : \_\_\_\_\_  
(b) Occupation (Specify) : \_\_\_\_\_  
(c) Address (Office) : \_\_\_\_\_  
\_\_\_\_\_  
(d) Telephone No. : \_\_\_\_\_  
(e) Mobile No. : \_\_\_\_\_  
(f) E-mail : \_\_\_\_\_
9. (a) Name of the Mother : \_\_\_\_\_  
(b) Occupation (Specify) : \_\_\_\_\_  
(c) Address (Office) : \_\_\_\_\_  
\_\_\_\_\_  
(d) Telephone No. : \_\_\_\_\_  
(e) Mobile No. : \_\_\_\_\_  
(f) E-mail : \_\_\_\_\_

10. (a) Name of the Guardian : \_\_\_\_\_  
 (b) Relationship to the student : \_\_\_\_\_  
 (c) Occupation (Specify) : \_\_\_\_\_  
 (d) Address (Office) : \_\_\_\_\_  
 \_\_\_\_\_  
 (e) Telephone No. : \_\_\_\_\_  
 (f) Mobile No. : \_\_\_\_\_  
 (g) E-mail : \_\_\_\_\_
11. If the Child has any allergies (specify) : \_\_\_\_\_
12. In case of any emergency whom should be contacted \_\_\_\_\_  
 (a) Parents (Specify the Mobile Number incase of emergency) : \_\_\_\_\_  
 (b) Family Doctor (with Contact Phone No.) : \_\_\_\_\_
13. Blood Group : \_\_\_\_\_

**DECLARATION**

I hereby declare that all the details furnished are true and I will not claim any changes in this regard.

I hereby accept all the rules and regulations of the school and I assure that I will follow the rules in the regular proceedings.

**SIGNATURE OF THE PARENT / GUARDIAN**

Office use only	
Name of the Kid	:
Class	:
Application No.	:
Date of Admission	:
Fee paid on	:

**SIGNATURE OF THE PRINCIPAL**