

St. MARY'S
MATRICULATION HIGHER SECONDARY SCHOOL
By Sisters of DMI
IRULANCHERI, PERAMBAKKAM, NARASINGAPURAM,
THIRUVALLUR - 631 402.
PH : 94443 76142 Website : www.smmspb.k.in
Email : dftdmiperambakkamsch@dmifoundations.org

APPLICATION FOR ADMISSION

ACADEMIC YEAR 20 - 20

PRE-KG TO X

Affix recent passport size
photo

A. INFORMATION OF THE CHILD

Name of the PUPIL (Capital Letters only)

[illegible]

Gender

Date of Birth

Age

Blood Group

☐ Male ☐ Female

DD	MM	YYYY
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[illegible]

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Religion

Roman Catholic

Caste

Nationality

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☐ Yes ☐ NODM

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Community

Aadhar No.

☐ OC ☐ BC ☐ MBC ☐ SC ☐ ST ☐ SS ☐ BCM ☐ Others

Languages Known

Mother Tongue

FILE

AN

RESIDENTIAL ADDRESS

TEMPORARY ADDRESS

Father's Mobile No.
E-Mail ID :

FOUNDATIONS
1984
Mother's Mobile No.
E-Mail ID :

Distance from school (in kms) :

Preferred Phone Number for school SMS :

[illegible]

Emergency Contact No. (Res/Mobile)	Name of the person to be contacted	Relationship

Do you require bus facility? ☐ Yes ☐ No

If yes, boarding point. _____

B. FAMILY INFORMATION

Single Parent

Tick one, only if applicable Father or Mother

Father / Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Annual Income:	Mobile No.:	

Mother / Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Annual Income:	Mobile No.:	

Details of Brothers / Sisters of the student

Name	Age	Name of the Institution	Standard

Incase of Staff's ward:

Name of the Parent:

C. DETAILS OF PREVIOUS STUDY

Year	Name of the school Studied	Standard / Grade	Grade / Marks obtained in final exams

The Previous School affiliated to : ☐ STATE BOARD ☐ CBSE ☐ ICSE ☐ Other

Awards won so far in Sports, Arts, Academics, etc...

D. MEDICAL DETAILS OF THE CHILD

Any Medication taken for general well-being of the child.

Any medication taken for any medical condition, such attention deficit / thyroid (hypo / hyper) / any other condition.

Does the child have any difficulty in seeing? ☐ Yes ☐ No

Any Consultation with doctor done: ☐ Yes ☐ No

If yes, Explain : _____

Any Allergy / any medical information that school should be aware of:

E. ENCLOSURES (All documents are mandatory at the time of admission)

- ☐ Birth Certificate Photocopy
- ☐ Transfer Certificate Original
- ☐ Community Certificate Photocopy
- ☐ Passport size photo (5 copies)
- ☐ Aadhar Card Photocopy
- ☐ Vaccination Card Photocopy (if required)
- ☐ Progress Report Photocopy - Previous year (only for new admission from other schools)
- ☐ Transport From (if required)

The above documents (recently attested photocopies) must be produced along with the filled application from

Please Note : Staple all documents to the left-hand corner of the application

How did you hear about our school?

Name of the Newspaper

Name of the Magazine

Website

Other

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F. DECLARATION

I _____ have the authority to admit my child / ward _____ , into the school as the parent / legal guardian. I undertake the responsibility of providing any evidence needed to support the information provided here, if necessary for any reason. I declare that the statements provided in this application are correct to my knowledge and if found otherwise. I shall abide by the decision of the management. I agree to abide by the rules, regulations and the fee structure of the school.

Date of Submission:

Place:

Signature of Parent / Guardian

FOR OFFICE USE ONLY

Master / Miss / Baby : _____

Standard / Grade / Class: _____

Group : _____

Date : _____

Admission Co-ordinator

Principal