

JODHAMAL PUBLIC SCHOOL

Bye Pass Road, Channi Himmat, Jammu

Important: Please answer all questions and print the information clearly in CAPITAL LETTERS, using black or blue pen.

Please Affix latest
Passport size
photograph in
colour

STUDENT

Please Affix latest
Passport size
photograph in
colour

MOTHER

Please Affix latest
Passport size
photograph in
colour

FATHER

Please Affix latest
Passport size
photograph in
colour

GUARDIAN

GENERAL INFORMATION

I/We are considering enrolment in Grade/Class With effect From month/year

PERSONAL DATA OF STUDENT

Surname First Name Middle Name

Date of Birth Age as on 1st April Years Months Nationality

Sex Female Male Mother Tongue Languages Spoken at Home

Permanent Address City

Pin code Home Tele # Mob.# Aadhar

Mailing Address if different

City Pin code

DOB Certificate No Place of Birth Religion

Whether belongs to (SC/ST/OBC Other..) if Yes then certificate No. Date:

Blood Group Identification Mark

PARENTS/GUARDIANS INFORMATION

Father's/Guardian's Name B.Group DOB Education Qualification

Mother's Name B.Group DOB Education Qualification

Are Parents Living together, if not, state position

EDUCATIONAL BACKGROUND

Name of the school last attended	<input type="text"/>				
City/State	<input type="text"/>	T.C. No.	<input type="text"/>	Date	<input type="text"/>
Reason for Leaving	<input type="text"/>				
Has the Child ever been Expelled/Rusticated/Not promoted to next class by any school?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>		
If Yes, Please give details	<input type="text"/>				
Sig:	Father _____	Mother	_____		

PROFESSION/ OCCUPATION

Father's Profession/Occupation	<input type="text"/>				
Designation/Nature of Business	<input type="text"/>				
Address	<input type="text"/>				
Telephone (Landline)	<input type="text"/>	Mob#	<input type="text"/>	Email	<input type="text"/>
Mother's Profession/Occupation	<input type="text"/>				
Designation/Nature of Business	<input type="text"/>				
Address	<input type="text"/>				
Telephone	<input type="text"/>	Mob#	<input type="text"/>	E mail	<input type="text"/>

Only Real Brother/Sister Studying in Class 1st onwards in JODHAMAL Yes No

Real Brother/Sister 1. Name	<input type="text"/>	Class	<input type="text"/>	Since	<input type="text"/>
2. Name	<input type="text"/>	Class	<input type="text"/>	Since	<input type="text"/>

GUARDIAN INFORMATION

(a) References for contact during emergencies other than Parents/Guardian :

Name	<input type="text"/>		
Occupation	<input type="text"/>	Relation if any	<input type="text"/>
Address	<input type="text"/>		
Contact No.	<input type="text"/>		

- (b) Is the child physically challenged (if yes, then kindly give details)
- (c) Is the child allergic to Food / Medicine / Other
- (d) Is the child Diabetic / Asthmatic / Epileptic/ Autistic
- (e) Any other Medical history or information about your child which the school authorities must know

(Please attach Doctor's Record/Reports wherever needed.)
- (f) What are the areas in which you (Parents) could contribute to enrich school life in terms of time, skills, etc? If yes then kindly specify
- Academics Sports Culture Medical Profession
- (g) Do you require school transport for the child : Yes No
- (h) What are the goals for your child.

CERTIFICATE FROM PARENTS/GUARDIAN

1. We hereby certify that all the information provided by us in this form is correct.
2. We fully understand that the school, on accepting the Application form of our ward, **is not in any way bound to grant admission. We also accept that the decision of the Principal/School regarding admission will be final and binding on us.**
3. We further undertake to abide by the School Rules.
4. Admission is subject to submission of all supporting documents, certificates.
5. Our Ward will obey and follow the School dress code.

Note :-

Please submit the following documents :-(Duly Attested & Signed by the Relevant Authority)

- i) An attested copy of the **Child's Birth Certificate** issued by the relevant Municipal Corporation.
- ii) Photocopy of the Child's **Category Certificate (if any)**
- iii) Photocopy of Aadhar Card of the Parents and Guardian
- iv) Photocopy of Aadhar Card of Child (if available)

Signature : _____ Father : _____ Mother : _____

FOR OFFICE USE ONLY

1. Registered on : _____
2. Admission Test on : _____
3. Interview on : _____
4. Admission No. : _____

Signature of Principal

BUS FORM

01. Name of the child : _____

02. Name of Parents/Guardian :: _____

03. Name of Mother :: _____

04. Residential Address _____

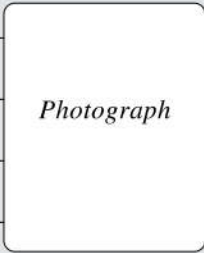
Mob. No. _____ Telephone No. _____

05. Official Address _____

Mob. No. _____ Telephone No. _____

06. Pick up point (Subject to School Route) _____

Signature : Father : _____ Mother : _____



(To be filled in by the Office)

07. Class Teacher : _____

08. Route Number Allotted : _____

Note : -

1. No student can change the Bus route without prior permission of the Principal.
2. No one except the students and teachers are allowed to board the Buses.
3. **In case the child misbehaves in the Bus, the School can withdraw the bus facility of that student.**

Dear Sir,

I request that my son / daughter / ward

Admn. No. Class Section may be permitted to use the school bus for his / her journey from our residence in to the school and back, with effect from at my own risk and responsibility.

I will pay the bus charges as fixed time to time, by the school.

I understand that the bus service is not mandatory. It is a facility for the safety and convenience of the student and parent. **It can be altered or withdrawn at any time on short notice at the sole discretion of the Management.**

Thanking you,

Yours faithfully,

(SIGNATURE OF THE PARENT /GUARDIAN)

DATE : _____

Name : _____

Address : _____

Phone (Off.) : _____ (Res.) : _____

Note : - The school requires one calendar month notice for discontinuation of bus service failing which bus fee for the month following the month of receipt of the notice will also be payable.