

(Complementary Admission Enquiry Form - For Transfer Cases only)



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.

Admission Form

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



GENERAL INFORMATION

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

PERSONAL DATA OF STUDENT

Surname <input type="text"/>	First Name <input type="text"/>	Middle Name <input type="text"/>		
Date of Birth <input type="text"/>	Age as on 1st April <input type="text"/>	Years <input type="text"/>	Months <input type="text"/>	Nationality <input type="text"/>
Sex	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Mother Tongue <input type="text"/>	Languages Spoken at Home <input type="text"/>
Permanent Address <input type="text"/>			City <input type="text"/>	
Pin code <input type="text"/>	Home Tele # <input type="text"/>	Mob.# <input type="text"/>	Aadhar <input type="text"/>	
Mailing Address if different <input type="text"/>				
City <input type="text"/>		Pin code <input type="text"/>		
DOB Certificate No <input type="text"/>		Place of Birth <input type="text"/>	Religion <input type="text"/>	
Whether belongs to (SC/ST/OBC Other..) if Yes then certificate No. <input type="text"/> Date: <input type="text"/>				
Blood Group <input type="text"/>		Height (in cm) <input type="text"/>	Weight (in kg) <input type="text"/>	
Identification Mark <input type="text"/>				

PARENTS/GUARDIANS INFORMATION

Father's/Guardian's Name <input type="text"/>	B.Group <input type="text"/>	DOB <input type="text"/>	Education Qualification <input type="text"/>
Mother's Name <input type="text"/>	B.Group <input type="text"/>	DOB <input type="text"/>	Education Qualification <input type="text"/>
Are Parents Living together, if not, state position <input type="text"/>			

Name of the school last attended []

City/State [] T.C. No. []

Permanent Education No. [] APAAR ID []

Reason for Leaving []

Has the Child ever been Expelled/Rusticated/Not promoted to next class by any school? Yes [] No []

If Yes, Please give details []

PARENTS' DETAILS

Father's Profession/Occupation []

Designation/Nature of Business []

Address []

Telephone [] Mob# [] Email []

Aadhar No. [] PAN No. []

Mother's Profession/Occupation []

Designation/Nature of Business []

Address []

Telephone [] Mob# [] E mail []

Aadhar No. [] PAN No. []

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

Real Brother/Sister 1. Name [] Class [] Since []

2. Name [] Class [] Since []

HEALTH INFORMATION**(a) Guardian references for contact during emergencies other than parents:**

Name []

Occupation [] Relation if any []

Address []

Contact No. []

Aadhar No. [] PAN No. []

(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 BY THE PARENTS / GUARDIAN

1. We affirm that the information provided in the admission form and supporting documents is true and accurate to the best of our knowledge.
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 agree to abide by all the rules, regulations and policies of the school, as in force now or in the future.
4. Our ward will obey and follow the school dress code and discipline policies of the school.
5. We undertake that Admission is subject to submission of all supporting documents, certificates.
6. We permit the School to use photographs and videos of our ward for academic, promotional purposes on School's social media handles or newspapers/magazines/pamphlets in line with the school's policies.
7. We undertake to pay the full school fees (or increased School fees), as per the school's norms and timelines every year as long as child studies in the School.
8. We understand and accept that failure to comply with the school's policies may lead to disciplinary action, including cancellation of admission.

We hereby confirm our understanding of and agree to the above terms.

Signature : Father : _____

Mother : _____

Note : Please submit the following documents along the application form : -

1. A self-attested copy of the Child's Birth certificate (Issued by relevant Municipal Corporation).
2. Photocopy of Aadhar Card of Child attested by the parents.
3. Self-attested photocopies photocopy of Aadhar Card and PAN Card of Parents and Guardian.
4. Self-attested photocopies of the Academic Reports of the last class studied in, from previous school.
5. Latest four Passport size colour photographs of the child, one colour photograph each Father and Mother.
6. Transfer Certificate, IN ORIGINAL, from the previous school.
7. A self-attested photocopy of the Child's Category Certificate (if any).
8. In case of a Sibling Case: Proof of the elder Sibling currently studying in this School, viz, Term I Marksheets of the current academic session, Id Card issued by the School (Real brother / sister only).

BUS FORM

01. Name of the child : _____

02. Name of Parents/Guardian : _____

03. Name of Mother : _____

04. Residential Address _____

05. Official Address _____

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

07. Class Teacher : _____

08. Route Number Allotted : _____

Photograph

Mob. No. _____ Telephone No. _____

Mob. No. _____ Telephone No. _____

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: Till 30th September, the school requires one calendar month notice for discontinuation of School Bus Service. AFTER 30TH SEPTEMBER TRANSPORT FACILITY WILL NOT BE WITHDRAWN UNTIL MARCH END.