

APPLICATION FORM FOR ADMISSION

ST. JOSEPH'S RESIDENTIAL SCHOOL



Affiliation No: CBSE/Aff/1930157
Chennai – Bangalore National
Highway Sriperumbudur – 602105.
India. Website www.sjrs.ac.in
Tel: 044-27107008, 27167362, 3, 4
Fax: 044 – 27167365
Email: mail.sjrs@gmail.com

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passport
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Admn. No. & Dt. :

Class – XI - XII

1. Name of the student (in block Letters)	
2. Class to which admission is sought	
3. Date of Birth	
4. Sex	
5. Nationality & Religion	
6. Community S.C / S.T / M.B.C / B.C. / O.C	
7. Mother Tongue	
8. Name of the school and class studying	
9. Marks scored in the class studying / Board Exam	Enclose the Xerox copy of the Progress Report / X Mark Sheet
10. Method Of Schooling Preferred	

11. Subject Selected:

SCIENCE STREAM	COMMERCE STREAM
English	English
Physics	Business Studies
Chemistry	Accountancy
Mathematics	Mathematics / Sociology
Biology / Computer Science	Economics / Computer Science
Physical Education / Multimedia & Web Tech	Physical Education / Multimedia & Web Tech
12. Proficiency in Games & Sports Specify the events	
13. Proficiency in extracurricular activities (Attach Certificates)	

14. Details of Parents:

PARTICULARS	FATHER	MOTHER
Name		
Education Qualification		
Language Known		
Occupation		

Residential Address		
Phone / Fax /Mobile /E-Mail		

15. Details of Local Guardians:

Name	1)	2)
Sex /Relationship		
Occupation		
Address		
Phone / Fax /Mobile /E-Mail		

16. Specific Medical Treatment if any (Specify):-

This Application Form must be signed by father if alive otherwise y Mother or Legal Guardian

PARENT'S DECLARATION

I hereby declare that the above entries are correct to the best of my knowledge and I undertake to abide by all the rules and regulations of the school stipulated in the prospectus.

Place:

Date:

Signature of the Mother

Signature of the Father

PRINCIPAL