



ST. ASSISI MATRIC. HR. SEC. SCHOOL

PAVOORCHATRAM, TIRUNELVELI - 627 808.

ADMISSION FORM

Registration Form for the academic year

2 0 1 - 2 0 1

(For office use)

Registration Form No.

Please affix
recent
Passport size
Photo
of the applicant

Date of issue

PERSONAL DETAILS

WRITE IN BLOCK LETTERS

Initial / Surname

Name of the Student

Date of Birth

Gender

Day Month Year

M F

Is the Birth Certificate attached

Yes No

Native Place

Residential Area

Nationality

State

Mother Tongue

Caste

Religion

Community (for statistical purpose only)

SC ST BC MBC OC

Blood Group :

Height (in cms) :

Weight (in kgs) :

Identification Mark 1 :

Does the child suffer from any chorinic illness : Yes No

If Yes Detail the same :

Family Doctor Name :

Contact Number :

Medicines allergic to the child :

PREVIOUS SCHOOL DETAILS

Name of the Board: Medium of Instruction :

School Name : Month & Year of Passing

Is Transfer Certificate attached : Yes No EMIS No:

Address for Communication

<input type="text"/>
<input type="text"/>
<input type="text"/>
Phone <input type="text"/> Mobile <input type="text"/>

Permanent Address

<input type="text"/>
<input type="text"/>
<input type="text"/>
Phone <input type="text"/> Mobile <input type="text"/>

Employment Status of Parents

1. Both the Parents are employed in Pavoorchatram & Transferable Yes No

2. Both the Parents are employed in Pavoorchatram & Non Transferable Yes No

3. One of the Parents is employed in Pavoorchatram & Transferable Yes No

4. One of the Parents is employed in Pavoorchatram & Non Transferable Yes No

5. One of the Parent / Both Parents is / are self employed in Pavoorchatram Yes No

6. One of the Parent / Both Parents is / are self employed but not in Pavoorchatram Yes No

Child is Residing with : a. Parent b. Guardian

Family Residing in : a. Own House b. Rented House

INFORMATION RELATED TO THE PARENTS

Paticulars	Father	Mother
Name	<input type="text"/>	<input type="text"/>
Educational Qualification	<input type="text"/>	<input type="text"/>
Occupation	<input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Others	<input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> House Wife
Type	<input type="checkbox"/> Govt <input type="checkbox"/> Private <input type="checkbox"/> Others	<input type="checkbox"/> Govt <input type="checkbox"/> Private <input type="checkbox"/> Others
Annual Income (in Rs.)	<input type="text"/>	<input type="text"/>
Office Name & Address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Office LandLine Number	<input type="text"/>	<input type="text"/>
Mobile Number	<input type="text"/>	<input type="text"/>
E-Mail Id	<input type="text"/>	<input type="text"/>

Computer availability with internet access at home : a. Yes b. No

Distance of residence from School (in Kms) a. 1-2 kms b. 2-3 kms c. 3-4 kms d. 4-5 kms e. 5 & above

Place :

Sibling (s) already studying in this school: a. Yes b. No

Brother / Sister Name : Class & Sec Wing

Brother / Sister Name : Class & Sec Wing

Mode of Enquiry

a. Website b. News Paper c. Friends & Relatives d. Hoardings e. Leaflets

f. Mailer g. Sms h. Others

ONLY FOR THE XI STANDARD

Exam Passed -

Directorate - Govt. of Tamil Nadu Other State

Reg.No -

Total Marks -

Sl.No	Subject	Maximum Marks	Marks obtained	Percentage	Month & Year of the Exam
1.		100			
2.		100			
3.		100			
4.		100			
5.		100			
Total					

N.P

Along with this application Photo copy of the mark sheet attested by the head master of a recognized school should be attached. The original mark sheet along with T.C. should be submitted during the time of admission.

The groups taught in our School

- 1st - Physics, Chemistry, Mathematics, Biology
- 2nd - Physics, Chemistry, Mathematics, Computer Science
- 3rd - Physics, Chemistry, Biology, Computer Science
- 4th - Physics, Chemistry, Biology, Communicative English
- 5th - Computer Science, Economics, Commerce, Accountancy
- 6th - History, Economics, Commerce, Accountancy
- 7th - Economics, Commerce, Accountancy, Business Mathematics

Your preferred group

a) First Priority

b) Second Priority

I declare that the details furnished above are true and correct. I understand that any misrepresentation / false / incorrect information provided by me (us) will lead to cancellation of my admission.

Date :

Signature of Parents / Guardian

Name: