

# SHRINE VAILANKANNI

## By Sisters of DMI

# MATRICULATION HIGHER SECONDARY SCHOOL

**RENGA NAGAR, K.K.NAGR, TRICHY - 620 021.**

**PH : 94442 54982 Website : [www.svmhsschool.in](http://www.svmhsschool.in)**

**Email : [dftdmitrichysch@dmifoundations.org](mailto:dftdmitrichysch@dmifoundations.org)**

# APPLICATION FOR ADMISSION

ACADEMIC YEAR 20 - 20

## PRE-KG TO X

## 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.

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

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

Any Consultation with doctor done: ☐ Yes ☐ No

If yes, Explain : \_\_\_\_\_

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

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## 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 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**