

ROYAL MATRIC HR. SECONDARY SCHOOL GOVT. RECOGNISED

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APPLICATION FORM

20..... – 20.....

					Affix Photo
For Off	ice use only:				
Serial No: Admission N			No: .		
Class	:	Date	:.		
<u>ST</u>	<u>UDENTS PART</u>	ICULARS	<u>5</u>		
1.	Name of the Stu	dent	:		
2.	Father's Name		:		
3.	Mother's Name		:		
4.	Name of the Gua (if so)	ardian	:		
5.	Date of Birth		:		
6.	Gender		:	Male / Female	
7.	Religion		:		
8.	Community		:		
9.	Mother Tongue		:		
10.	Father's Occupa	tion	:		
11.	Mother's Occupa	ation	:		
<u></u>	ONTACT INFOR	<u>RMATION</u>	V		
12.	Father's Mobile	Number	:		
13.	Mother's Mobile	Number	:		
14.	Whatsapp Numb	Der	:		
15.	E- Mail – Id		:		

16. Contact Address

MEDICAL HISTORY OF THE STUDENT

:

:

:

:

:

:

17. Blood group

18. Abnormality in the student , if any

19. Physically Challenged, if any

<u>PREVIOUS SCHOOL HISTORY</u>

20. Last Class studied & Name of the School

<u>OTHER DETAILS</u>

21. Class into which admission is

sought

22. Mode of transport to School : School Bus/ Own

DECLARATION

I solemnly declare that the above given information is correct to the best of my knowledge. I do understand that the date of birth once refereed will not be changed later on. I further state that my child will abide by all the rules and regulations of the school.

The school authority will not be held responsible for any damages/ charges/ compensation on account of injuries, fatal or otherwise which may be sustained by the student, at any time during his / her stay in the school, while taking part in the studies, sports, swimming and extra-curricular or any other form of activities of the school, within or outside the school premises. All expenses that may be incurred in the treatment of such injuries will be borne by the parent /guardian. Once fee paid is not refundable at any cost.

Place:

Date:

Signature of the Parent/ Guardian

FOR OFFICE USE ONLY

Date of Admission:	
Admission No:	

Class to which admitted:

Signature of the Principal