



# SRI SATHYA SAI BALAGURUKULAM MATRICULATION SCHOOL

127/11, Sivalaperi Road, Palayamkottai - 627002. Ph : 2576145

## APPLICATION FORM

Admission No:

AFFIX PHOTO OF FATHER/ Guardian

AFFIX PHOTO OF MOTHER/ Guardian

AFFIX PHOTO OF CHILD

We wish to admit our son  daughter  ward in your school.

Admission sought in Class:

NAME :  GENDER: M  F  D.O.B.

DATE OF BIRTH IN WORDS

NATIONALITY  RELIGION  CASTE  AADHAR No.:

COMMUNITY SC  ST  BC  (MUSLIM)  MBC  DNC  OBC  GEN

SUB CASTE:

BLOOD GROUP:  HEIGHT :  WEIGHT :

FATHER'S OR  GUARDIAN'S NAME :  AADHAR NO:

EDUCATIONAL QUALIFICATION :  AGE :  FATHER MOBILE No :

MOTHER'S OR  GUARDIAN'S NAME:  AADHAR NO:

EDUCATIONAL QUALIFICATION :  AGE :  MOTHER'S MOBILE No :

SINGLE PARENT YES  NO  IF YES FATHER  MOTHER

ADDRESS AS PER AADHAR CARD  RATION CARD

EMPLOYMENT DETAILS  
Father's Occupation: Govt.  Private  Self-employed

Daily wage earner  Agriculture labourer  Carpenter

Painter  Mason  Driver  Agriculture  Brick kiln

Monthly Income: Father's  Mother's

Mother's Occupation: Govt.  Private  Self-employed

Daily Wage earner  Agriculture labourer  Beedi roller

FOR OFFICE USE ONLY

PREFERRED PHONE NO. FOR SCHOOL SMS:

DISTANCE FROM SCHOOL IN KMS:

WHETHER SCHOOL TRANSPORT IS REQUIRED: YES  NO

EMERGENCY CONTACT NO.(RES./MOBILE)

NAME OF THE PERSON TO BE CONTACTED /RELATIONSHIP

DETAILS OF BROTHERS  SISTERS  OF THE STUDENT

DETAILS OF BROTHERS  SISTERS  OF THE STUDENT

| NAME                 | AGE                  | NAME OF THE INSTITUTION | STD                  |
|----------------------|----------------------|-------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/>    | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/>    | <input type="text"/> |

DETAILS OF PREVIOUS STUDY

| YEAR                 | SCHOOL               | STD                  | GRADE IN FINAL EXAM  |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

THE PREVIOUS SCHOOL AFFILIATED:  MEDIUM

AWARDS WON IN SPORTS, ARTS, ACADEMICS .....

DOES STUDENT HAVE ANY MAJOR AILMENT(S) IN CLUDING ANY ALLERGY THAT THE SCHOOL SHOULD BE AWARE OF?

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IN CASE OF STAFF WARD:  NAME OF THE PARENT:

DECLARATION HOW DID YOU HEAR ABOUT SRI SATHYA SAI BALAGURUKULAM MAT.SCHOOL

..... have the authority to admit 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 any reason. I declare that the statement provided 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 fee structure of the school.

DATE:

SIGNATURE OF THE PARENT  GUARDIAN

ACADEMIC CO-ORDINATOR  
DATE:

HEAD OF THE INSTITUTION  
DATE: