ST. JOHN'S SEN. SEC.SCHOOL

(Affiliated to PSEB)

HOSHIAR NAGAR, AMRITSAR.

M: 9876532265 Whatsapp: 9814512150 Email: stjohnschool.in@gmail.com

PHOTO

Session _____

ADMISSION FORM

*Admission No.*_____ *Dated:*_____

Respected Sir/Madam

Kindly admit my son/daughter _____ in _____ class of your institution. I have read all rules & regulations of your school & fully agree with them.

PARTICULARS OF STUDENTS

Aadhar Number :_____

Student's Name

ਵਿਦਿਆਰਥੀ ਦਾ ਨਾਂ :_____

Date of Birth : In Figure ____/____/_____ In Words_____

Father's Name

ਪਿਤਾ ਦਾ ਨਾਂ :_____

Father's Occupation :_____

Father's Monthly Income :_____

Mother's Name

ਮਾਤਾ ਦਾ ਨਾਂ :_____

Residential Address :_____

_____ Contact No_____

Name of Previous Institution :_____

Class in which you want to get admission :_____

Medium of study which you want :_____

If your Brother/Sister study in this school :_____

Which caste do you belong :_____Religion_____

Is his/her Father/Mother a Teacher :_____

Certified that the date of birth given is to the best of my knowledge and belief correct and that I accord with that given in the thanks Municipal Birth Register.

Date:_____ **Signature of Student** **Signature of Father/Guardian**

Checked by **Signature of Principal**