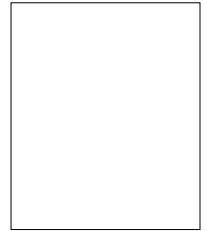




J.S.S. INTERNATIONAL SCHOOL



APPLICATION FOR ADMISSION 20 - 20

PERSONAL DATA

1. Name of the pupil in full _____
2. Mother's name in full _____
3. Father's name in full _____
4. Date of Birth of the candidate (Documentary evidence etc.)
5. Age (next birthday) _____
6. Category Specify (SC / ST / OBC / MBC) (Xerox copy to be attached)
7. Sex: Male Female (please tick)
8. Nationality _____

EDUCATIONAL DATA

9. (a) Last school attended and class _____
(b) Date of entry into the school _____ (c) Medium of instruction _____
10. Class to which admission is sought _____
11. Is Transfer Certificate from the last school attached? Yes No (Please tick)

GENERAL DATA

12. Occupation of father _____ Monthly Income _____ Nationality _____
13. Occupation of mother _____ Monthly Income _____ Nationality _____
14. Postal Address _____
_____ e-mail: _____
Fax: _____ Phone: _____ Mobile: _____
15. Religion _____
16. Second Language _____
17. Third Language _____
18. Mother Tongue _____
19. Details of any relatives (brothers, sisters etc.) studying in the school _____

20. Details of relatives (brothers, sisters etc.) who were old students _____

21. Name of the local Guardian, who can visit the child and take the child out during holidays / weekends
_____ Address: _____
_____ Telephone No. _____
e-mail: _____ Fax: _____

I hereby request the Principal to reserve a place in the school for my son / daughter / ward for the session beginning June or if there is no immediate vacancy, to register his/her name on the waiting list. I declare that I have carefully read the prospectus and will abide by the rules laid down therein and accept that they can be changed from time to time at the discretion of the school management. I clearly understand that it is the fundamental policy of the school to treat all children alike. I shall, therefore, neither ask for nor expect any privilege or concession for my son/daughter/ward.

Date of application: _____

Signature of parent / guardian

Registration carries no guarantee of admission. Admission is confined to children between the ages of five and Sixteen and is based on the priority of registration. Will be signed by father if alive or by mother. Guardian will sign only if neither father nor mother is alive or if a special authorisation is given by mother, if father is not alive. (Subject to Ooty jurisdiction)

A. GENERAL

- 1. Name of the pupil in full _____
- 2. Age _____ Sex: M F
- 5. Any previous illness, their nature _____
- 6. Any previous injuries, accidents _____
Present condition _____
- 7. Any operation undergone and date _____
- 8. Any history of malaria or any other febrile illness _____
- 9. Date of last vaccination _____
when the last booster dose was given _____

B. RESPIRATORY SYSTEM

- 1. Respiration rate at rest _____
- 2. Range of chest expansion _____
- 3. Any history of breathlessness _____
- 4. Any history of chest pain _____
- 5. Any history of Asthma, Pleurisy _____

C. CIRCULATORY SYSTEM

- 1. Pulse rate at _____
- 2. Blood Pressure _____
- 3. Any history of giddiness or dizziness _____
- 4. Any history of palpitation _____
- 5. Any history of pain over heart region _____
- 6. Are the veins in any part enlarged _____

D. ALIMENTARY SYSTEM

- 1. Any history of dysentery or jaundice _____
- 2. Any history of hernia (If so, operated?) _____
When was it operated? Any complications? _____
- 3. Any history of appendicitis (If operated) _____
- 4. Any history of recurring pain after the operation _____
- 5. Any history of renal or intestinal colic _____

E. NERVOUS SYSTEM

- 1. Any history of epilepsy or any other fits _____

F. BONES & JOINTS

- 1. Any injury or accident _____
Is the present condition without any complaint _____
- 2. Any history of rheumatism _____
- 3. Condition of toes and feet _____

G. URINE EXAMINATION

- 1. Is sugar or albumin present _____
In my opinion _____

Date : _____ Regd. No: _____

Signature of the Medical Officer

NOTE: Admission will only be confirmed / granted upon satisfactory completion of Medical Examination.