

EBENEZER MAT. HR.SEC.SCHOOL (Residential)

(Unit of Ebenezer Educational Trust) KOTTUR, ATHANAVUR, YELAGIRI HILLS, VELLORE DIST. - 635853 PH: 04179 – 245220, 245221 MOBILE: 9751840415/9751840416/7639634224

APPLICATION FOR ADMISSION

Instructions:

Please fill the application form in CAPITAL letters only. The application form is invalid without the signature of the parent/guardian. Submission of the application form does not mean granting of admission. The date of birth and the spelling of the Pupil's name should be according to the last school records. The certificate from the previous school stating the date of birth and the progress report/transcript of the last examination appeared is mandatory. If admission is not granted, the registration fee will not be refunded. Please mention the international/national dialling code wherever applicable. Please attach extra sheets for any additional information that you may wish to provide. It is the responsibility of the parent / guardian to intimate the school in writing if there are any changes in the details provided in the application form. Approved visitors must be 18 years and above.

Please ensure that all the documents, which are required to complete the admission process are submitted.

SI. No. Admn. No.		Date :						
APPLICANT'S INFORMATION								
Surname (in capital letters) Name (in capital letters)								
Date of Birth Day Month Year	Age (as on 1st June)	Gender (Male/Female)						
Day Month Tour	rigo (us on 1st suno)	*						
		Please attach a recent colour photograph						
Nationality Religion	Mother Tongue Ca	aste (for statistical purpose only) of applicant.						
Mailing Address								
2		*						
		9 J 9 1						
Pin Code State	Res. Phone	E-mail						
Mailing Address								
Pin Code State	Res. Phone	E-mail						
ADMISSION INFORMATION								
Class for which admission is sought	Second language							

Aadhar No :		Blood Group :		Не	eight :			7	Weight	:		
PARENTS' INFORMATION												
Father's Name (in capital letters)			Mothe	r's Name	(in ca	pital let	ters)					
Nationality	,		National	lity					×			
Occupation			Occupat	ion								
Citizenship (as per the passport)			Citizens	hip (as per	the pa	ssport)						
Office Address	<u></u>	20	Office A	ddress								
Mobile No. Whats	App No:	1000 - 1	Mobile	No.				Whats	App N	lo:		
Office Telephone No. & Fax No.			Office T	elephone N	No. & 1	Fax No.						
E-mail			E-mail							12		
Any other specific information regard	ing the Parent	s :										
any other specific missing and are										g.		
Father's Signature			Moth	er's Signa	ture					75		
GUARDIAN'S INFORMATION												
Guardian's Name (in capital letters)										F		
Qualification	Occupation	on			De	esignati	on					
Relationship with the Child			Citizensh	ip (as per th	he pass	sport)	1)			J.	f	
Res. Phone Mobile	Ψ.	E-M	ail			£.	What	s App				

Attatch a colour pho of Fa	otograph ther	*	Attatch a recent colour photograph of Mother Do not staple	Attatch a recent colour photograph of Guardian Do not staple
One additional	l passport size	photograph to be su	abmitted with the form. Father's, Mother's &	Guardian's name to be written on the revers
1)	I/We hearby		DECLARATION BY THE PARENT formation provided to the school regarding a	ge, health, class, etc pertaining to our ward
	is correct. At	any point of time, i	if this information is found to be false, forge	ed, incorrect or misinterpreted, then we are
	responsible fo	or the same and we ur	nderstand that immediately the admission will	be held null and void.
2)		& understood the Gu	uidelines & Policies stated in this booklet.	
		& understood the Gu		Signature of the Parent / Guardian
2)	We have read	& understood the Gu		Signature of the Parent / Guardian
2) Date:	We have read		S	
2) Date:	We have read		S	ics Total
Date : DR OFFICE L st Marks details	JSE ONLY English		ge Mathematics Science/Phys	
Date : OR OFFICE L St Marks details cond Language	JSE ONLY English		ge Mathematics Science/Phys	ics Total

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CERTIFICATES Certificates Whether Enclosed Xerox / Original 1. Transfer Certificate Yes No 2. Birth Certificate Yes No 3. Marks Statement Yes No 4. Community Certificate Yes No Certificates verified, found correct and filed Date: Signature of the Admission In-charge / Office Clerk **ADMISSION NOTE** Master / Miss S/o / D/o / Mr / Ms has been admitted in class in the Admn. No. Principal Date: **CASHIER'S NOTE** Admission Number allotted Entered in the Admission Register on Page No. Note Admission Clerk Principal Date: Date:

Principal's Remarks

ONLY FOR HIGHER SECONDARY ADMISSIONS.

		ool
		assed
3 (a) Y	ear of appearance	***************************************
(b).Reg	gister Number	***************************************
(c). Sec	cond Language taken	***************************************
4. Marl	ks obtained in the examination: Subject	Marks
	1	***************************************
	2	***************************************
	3	***************************************
	4	***************************************
	5	***************************************
	6	***************************************
		Signature of the attesting Officer
		with designation seal
E Coloct	ion of group :	
		Second choice
	First choice oup	Group
	1	.1
	2	2
	3	3
	4	4
Part I	5	Part I 5
Part II	6	Part II 6