ST. JOHN'S ACADEMY

ENGLISH MEDIUM (CO-ED)

1756

23(46) G. T. ROAD, SHEORAPHULI, HOOGHLY, PHONE : 2632-2340

BRANCH : 43, G. T. ROAD, CHAMPDANI, CONTACT NO. 7003092855

ADMISSION FORM

Affix Coloured Photograph of Father (Stamp Size)	Affix Coloured Photograph of the Candidate (Stamp Size)	Affix Coloured Photograph of the Mother (Stamp Size)

1. Name of Candidate in full (in Block letters) Write one letter in a box, leave a box blank between parts of the Name

2. Name of the Parents in Block letters : (Father and Mother)

   a)

   b)

3. Address (in Block Letters)

4. Phone No. : Office ..... Residence ..... Mob. .....

   a) Name of the Guardian/Local Guardian (if any) in Block letters :

   b) Relationship with the Guardian

   c) Address of the Guardian (in Block Letters)

5. Date of Birth : Day Month Years

6. Sex : Male Female 7. Class 8. Blood Group

9. Nationality :

10. Occupation of the Parents / Guardian :

    a) Father's b) Mother's

11. Monthly Income of the Parents / Guardian (App.)

12. Interview / Admission Test Date

I do hereby declare that the above statements are true and undertake to abide by the rules and regulations of the Institution. I agree that payment made by me will not be refunded of adjusted in any way by the school authority.

Signature of the Parent/Guardian

Date :

Admission Requirement - (i) Stamp Size -2Pcs. (ii) Last School Attending T. C. (iii) Xerox Copy Date of Birth Certificate (Original) (iv) Report Card of last class attended (if applicable)

Signature of the dealing assistant

Signature of the Principal