



# ST. JOSEPH'S CONVENT HIGH SCHOOL

ASHOK AVENUE, CHITTARANJAN - 713331, DIST - BURDWAN

Phone Number: 9547051198

## ADMISSION FORM

DATE: \_\_\_\_\_

ADM. NO.: \_\_\_\_\_

(ALL ENTRIES SHOULD BE WRITTEN IN BLOCK LETTERS)

SEX

MALE ☐

FEMALE ☐

DATE OF BIRTH

Railway ☐ Non-Railway ☐

2ND LANGUAGE

HINDI ☐

BENGALI ☐

Category: SC ☐ ST ☐ OBC ☐ GEN ☐

Religion:

Christian ☐

Hindu ☐

Islam ☐

Sikh ☐

Sarna ☐

Jain ☐

Tick ✓ the appropriate box (if Christian kindly attach Baptism Certificate)

*Affix  
Recent  
Family photograph  
(Mother, Father  
and Child)*

Name of the Student: \_\_\_\_\_

Class in which admission is sought: \_\_\_\_\_ In Words: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Qualification: \_\_\_\_\_ Occupation: \_\_\_\_\_ Designation: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Qualification: \_\_\_\_\_ Occupation: \_\_\_\_\_ Designation: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Present Address

Local: Village / Town: \_\_\_\_\_

Street No./Name: \_\_\_\_\_

Post Office: \_\_\_\_\_ Police Station: \_\_\_\_\_

District: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Contact No. : Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Name of the previous school (if any): \_\_\_\_\_ Class: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Sibling details (If any):

Name: \_\_\_\_\_ Class: \_\_\_\_\_ Sec: \_\_\_\_\_

Name: \_\_\_\_\_ Class: \_\_\_\_\_ Sec: \_\_\_\_\_

I hereby undertake to pay the School Fees regularly for my ward \_\_\_\_\_  
admitted in Class \_\_\_\_\_ of St. Joseph's Convent High School and abide by the Rules of the School.

1. The fees and other charges paid at the time of admission are non-refundable under any circumstance.
2. The annual academic session of the school begins from April of the present year to the month of March of the ensuing year. Hence the fees will have to be paid for full twelve months.

### DECLARATION

*I do hereby certify that the above mentioned information is correct to the best of my knowledge. The decision of the School Authority will be final and binding on me. I further declare that the name and Date of Birth of my son / daughter / ward are correct and I shall not ask for any change at any time.*

Place:

Signature of Mother

Signature of Father

Date:

Authorised Signature

Signature of Principal



# ST. JOSEPH'S CONVENT HIGHER SECONDARY SCHOOL (ICSE)

CHITTARANJAN



## CHILD HEALTH RECORD



World Health  
Organization

To,

Parent or Guardian

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part-I) which will also be helpful to the health care provider when he or she completes the medical evaluation.

This form may also be used for health assessments required every year for students participating in sports

### SECTION - I - TO BE COMPLETED BY PARENTS (S)

Child's Name		Child's Gender		Date of Birth
		<input type="checkbox"/> Male <input type="checkbox"/> Female		
Class	Section	Roll No	Admission No	
Parent's/Guardian Name		Telephone / Cell No		

I give my consent for my child's Health Care Provider and child Care Provider/School/Doctor to discuss the information in this form.

Signature

### SECTION-II-TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination

Results of physical examination normal ?

☐ Yes

☐ No

### Report of Physical Examination (✓)

		Normal	Abnormal	Not Examined
● Blood Group				
● Height (inches)				
● Weight (Kg )				
● Pulse				
● Blood Pressure				