

## **DON BOSCO**

## MATRICULATION HIGHER SECONDARY SCHOOL By Sisters of DMI

ST.XAVIER'S COLONY, MELAPALAYAM, PALAYAMKOTTAI, TIRUNELVELI - 627 005.

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## APPLICATION FOR ADMISSION ACADEMIC YEAR 20 - 20 PRE-KG TO X Affix recent passport size photo A. INFORMATION OF THE CHILD Name of the PUPIL (Capital Letters only) Gender Date of Birth Age **Blood Group** Male Female DD MM YYYY Roman Catholic Religion Caste **Nationality** Yes NO Aadhar No. Community $\square$ OC $\square$ BC $\square$ MBC $\square$ SC $\square$ ST $\square$ SS $\square$ BCM $\square$ Others Languages Known **Mother Tongue TEMPORARY ADDRESS** RESIDENTIAL ADDRESS Father's Mobile No. Mother's Mobile No. E-Mail ID: E-Mail ID: Distance from school (in kms): Preferred Phone Number for school SMS: Emergency Contact No. (Res/Mobile) Name of the person to be contacted Relationship Do you require bus facility? Yes No If yes, boarding point. \_\_\_\_\_

•	/ Guardian:					
Name:		Age:	Natio	nality:		
Educational Qualification:		Institutio	n:	1:		
Occupation:		Office Ad	Office Address:			
Designa	ntion:					
Annual Income:			Mobile N	0.:		
Mother	/ Guardian:		_			
Name:		Age:	Age: Nationality:			
Educational Qualification:			Institutio	Institution:		
Occupation:			Office Ad	Office Address:		
Designation:						
Annual Income:			Mob <mark>ile N</mark>	Mobile No.:		
	Name  of Staff's ward:  AILS OF PREVI		of the Paren	t:	Standard	
Year	Name of the so	chool Studied	UND Standa	rd / Grade	Grade / Marks obtained in final exam	

**B. FAMILY INFORMATION** 

Any Medication taken for general well-being of the child.								
Any medication taken	•	tion, such attention (	deficit / thyroid (hypo /					
Does the child have a	ny difficulty in seeing?	Yes No						
Any Consultation witl	doctor done: Yes	No						
If yes, Explain :								
-								
Any Allergy / any med	ited file of file se	noor should be award	. 011					
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	have the authority to admit my child / ward
needed to suppor statements provid	ne parent / legal guardian. I undertake the responsibility of providing any evidence the information provided here, if necessary for any reason. I declare that the ed in this application are correct to my knowledge and if found otherwise. I shall ion of the management. I agree to abide by the rules, regulations and the feed tool.
Date of Submis	tion:
Place:	
	Signature of Parent / Guardian
	FOR OFFICE USE ONLY
Master / Mis	s / Baby :
•	rade / Class:
Group	ALLY HUND
Date	DMI FOUNDATIONS
	CHOL 1707