SWAMI SENIOR SECONDARY SCHOOL

Thirmazhapadi Road, Keelapaluvur, Ariyalur-621 707. Mobile : 7373004419

Managed by Kamala Niketan Trichy

APPLICATION FORM FOR ADMISSION TO STD._____ FOR THE ACADEMIC YEAR 20 -20

APP. No.	AD. No.	Aadhar. No.	EMIS No.

Passport Size Colour Photo

1. Standard Applied for :

2. **Name of the Pupil (in Block Letters) :**

3. Gender : Boy / Girl 4. Date of Birth DATE | MONTH | YEAR

5. Personal Marks of Identification 1.

2.

6. Blood Group..... 7. Nationality..... 8. Religion.....

9. Community SC/ ST / BC / MBC / FC Caste (specify) .....

10. Mother Tongue of the Pupil..... 11. Languages spoken at home.....

12. II Language Studied in the Previous School :.....

13. **Option of II Language : Tamil / Hindi**

14. Hostel Facility: Required / Not Required
(only from Class IX)

15. Particulars of the Father / Guardian

a) Name..... b) Qualification .....

c) Occupation : Govt/PSUs/Private/Business .....,(if Business specify)

d) Designation..... e) Monthly Income .....

f) Office Address .....

16. Particulars of the Mother

a) Name ..... b) Qualification .....

c) Occupation : Govt/PSUs/Private/Business .....(if Business specify)

d) Designation..... e) Monthly Income .....

f) Office Address .....

17. Address for Communication .....

.....

Phone No. Resi. Office

(With STD code)

Mobile : Father ..... Mother .....

E-Mail ID : .....

18. Previous School attended by applicant child :

Years : From - To	Grade level attended	School Name & City

19. Family members living with the child :

Relationship with child	Name	Age	Occupation

20. Brothers/Sisters Studying / Studied in this School

1) Name .....Std. & Sec. ..... 2) Name .....Std. & Sec. .....

21. Achievements: A) Academics.....

B) Other than Academics.....

DECLARATION OF PARENT / GUARDIAN

1. I hereby declare that all the particulars furnished above are correct and assure that I will not make any request for change of the given particulars at a later date.
2. I hereby apply for the admission of my child (name)..... to Swami Senior Secondary School and agree to abide by the rules, regulations and all management decisions thereof.
3. I agree to pay the I, II & III Term fees between 1st & 15th of April, 1st & 15th of August and 1st & 15th of December respectively.
4. I agree to pay the penalty that is in force for late payment of fees.
5. I agree that my child's name may be struck off from the rolls, if the fee is not paid within 30th April, 30th of August and 30th of December for the I, II & III Term respectively.
6. I agree to pay the fees for II and III term fully in case of withdrawal during the academic year.
7. All fees paid are non-refundable and non-transferable and pre-registration does not guarantee admission.
8. I assure that I will not encourage or engage in activities that tarnishes the image of the School.
9. I promise to abide by the rules and regulations of the School.

FEES ONCE PAID WILL NOT BE REFUNDED.

Signature of the Parent / Guardian

Correspondent / Principal

6 cm x 4 cm
Family Photo

For Office Use

Name : .....

Date of Receipt of duly filled Application : .....

Date of Interaction : .....

Date of Payment of Fees : .....

Feedback : .....

Whether Produced : BC ❑ TC ❑

Admitted to : .....20 /20

Signature