

J. J. ACADEMY

HIGH SCHOOL & JR. COLLEGE (Estd. 1980)

103/1, Mulund Colony Road, Mulund (West), Mumbai - 400 082.

Phone: 2561 2356

Application for Admission

Dear Principal,	Date :			
I wish to apply for a place in class	in the Academic Year,			
for	who is my child / ward.			
I have supplied the information requ I declare that it is true and accurate. I agree the been suppressed OR found to be incorrect, this	nested in the Information Sheet on the reverse. hat, if it is later discovered that any information has application may be rejected.			
I fully appreciate the fact that acceptance the school authorities and does not in any way	e of this application is left entirely to the discretion of guarantee admission.			
	on form implies unconditional acceptance of all the rules, regulations and fees in force and as may be			
	the Constitutional Right of the Management to nstitution according to their choice and accept their se, as final and binding.			
I further accept that trying to bring influendisqualify candidature.	nce in any form or from any quarter shall summarily			
List of documents to be submitted: 1. Original Birth Certificate. 3. Medical Fitness Certificate. 5. Copy of Residential Proof 6. Attested Xerox COPY OF L.C. FROM PRE	 Attested Xerox copy of Birth Certificate. Three RECENT Passport Size photos. VIOUS SCHOOL. Yours Faithfully,			
	[Parent / Guardian]			
behalf. You could be deprived both of admis In order to tackle the menace of intermediar to bring influence will disqualify candidature On account of inadequate good quality sche be well in excess of the number of child disappointment to all who cannot be accor parent, we trust you will appreciate our c announcement of the admission (as all se	no, for their personal gain, offer to intervene on your sistence of your child as well as your hard earned money ries taking advantage of gullible parents, any attempted. ools, the number of applications that we receive madren that we can admit. This, therefore, results ammodated. While we do understand your concern a constraints in case your child is not admitted. After the ats would be filled up) it would not help to seek a for special consideration. Your co-operation are			
	Please Turn Over			
OFFICE	USE ONLY			
CEPTED / REJECTED / UNDECIDED				
	iginal documents should be collected h of application.			

	INFORM	ATIC)NS	HEE	<u> </u>		
STUDENT'S NAME:							
DATE OF BIRTH :							
PLACE OF BIRTH:				NATIC	NALITY:		
					(D. C. A. L.		
RELIGION :				MOTH	IERTONGUE (MAINLY):	
PARENTAL INFORMATION	FATHER / MALE GUA			RDIAN	DIAN MOTHER / FEMALE GUARDI		
NAME							
AGE/NATIONALITY/RELIGIO	ON						
EDUCATIONAL QUALIFICATION	ON			-			
NAME & PLACE OF SCHOOL INSTITUTE ATTENDED	/						
COLLEGE							
PROFESSIONAL							
OCCUPATION NATURE & DETAILS	-						
CONTACT NO#							
INFORMATION ABOUT SIBLII	NGS					101.400	
NAME	AGE			SCHOOL / COLLEGE CLASS			
1							
2		-				-	
3							
4							
	IED DEDENI	ANITO	DECI	DING	WITH VOIL:		
INFORMATION ABOUT OTHER DEPENDANTS RESIDING WITH YOU:							
CONTACT INFO:							
RESIDENTIAL ADDRESS	FATHER / MALE GUARDIA			N M	MOTHER / FEMALE GUARDIAN		
TILOUS ANTINCE / LOS / L							
TELEPHONE NO.	TELEPHONE NO.			T	TELEPHONE NO.		
This information sheet forms part of the Application for Admission. I declare.							
that all the above information is true and accurate.							
Date :	SIGNATURE OF FATHER				SIGNATURE OF MOTHER		

All information provided in this form is strictly confidential.