

# EGSPJ International School

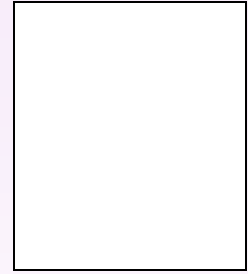


Salaman Thottam, Kadambadi  
Nagpattinam, Tamil Nadu, 611001

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Website: www.egspjschools.in



## Application for Admission

Please complete each section in **BLOCK LETTERS** using Black Ink

### Section 1: CHILD'S PERSONAL DETAILS

Student's Name		Father's Name		
Date of Birth		Place of Birth		
Nationality		Age	Sex	
Community		Mobile		
Caste		Office:		
Address				

Name and classes of any brother(s)/sister(s) already attending the school

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Language(s) Preference: (1): \_\_\_\_\_ (2): \_\_\_\_\_

### Section 2: ACADEMIC DETAILS

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

Name(s) of school(s) attended in the past and dates of attendance:

Name of School (Any City/Country)	Class	From	To

### Section 3: PERSONALITY AND HEALTH

Please provide details of special aspects of your child's personality:

a. One strength of your child: \_\_\_\_\_

b. Child's choice in sports: \_\_\_\_\_

c. Your Child's Hobby: \_\_\_\_\_

d. Your Child's choice in Co-curricular activities: \_\_\_\_\_

Please provide information if your child has any health problem requiring special attention:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

a. Is the child under any medical treatment : \_\_\_\_\_

(If yes, copies of the medical report should be enclosed)

b. History of serious illness in the past, if any : \_\_\_\_\_

c. Does the child have any identified allergy? : \_\_\_\_\_

d. Any physical, mental handicap : Visual / Auditory / Orthopedic

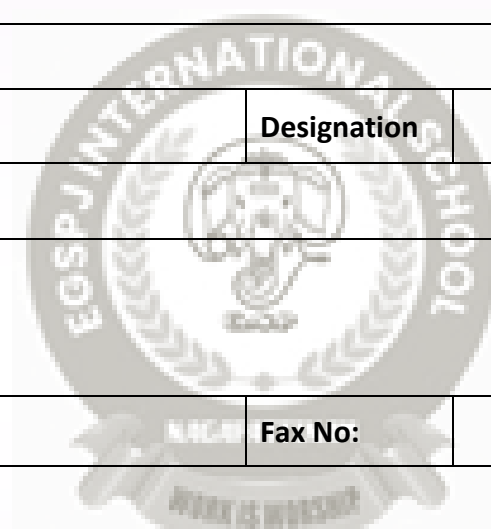
Identification Marks: 1 \_\_\_\_\_

2 \_\_\_\_\_

## Section 4: PARENT / GUARDIAN DATA

Mother's Name			
Profession		Designation	
Organization			
Office Address			
Office Telephone		Fax No:	
Email:			

Father's Name			
Profession		Designation	
Organization			
Office Address			
Office Telephone		Fax No:	
Email:			



## Section 5: DECLARATION

*I confirm that, to the best of my knowledge, the information provided in this form is correct. I have understood and agree to abide by all school rules including school discipline, inter-school/city transfers and tuition fee payment and refunds. I also acknowledge that while the school does its best to ensure the safety of each child's life, health and property, the school cannot be held responsible for any damage to these.*

\_\_\_\_\_  
*Signature of Parent/ Guardian*

\_\_\_\_\_  
*Date*

## Section 6: ADMISSION PROCEDURE

1. *The completed admission form along with the copies of birth and community certificates, 3 passport size photographs and the registration fee (non-refundable) must be submitted to the school office.*
2. *After the admission form has been processed, a date is given for applicant's assessment.*
3. *Parents are informed of the outcome within one week of the written test date. If a place is offered, the child's admission / enrolment must be confirmed and all dues paid within 3 days of date of offer.*
4. *If, within three days, enrolment is not confirmed, the child's place is offered to another candidate.*

## FOR OFFICE USE ONLY

Form Check by

Registration Fee Paid On

Birth Certificate Provided Yes:

Cash

Photograph Provided Yes:

Or Cheque No

Transfer Certificate Yes:

Admission Fee

Community Certificate Yes:

Tuition Fee

Medical Certificate Yes:

Security Deposit

Child Interviewed By:

Total Cash :

Acceptance / Rejection

A  R

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**Signature Accountant**

Reason For rejection:

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**Signatures of Head of School**