

Name and address of the school/play school in which the student is currently enrolled (If applicable)

Grade Completed _____ **Medium of Instruction** _____

The school is affiliated to

SSLC ☐ CBSE ☐ ICSE ☐ Others (specify) _____

Languages previously studied

Second language _____ From grade _____ to _____

Third language _____ From grade _____ to _____

Achievements in co- curricular activities _____

Would the student avail transport facility provided by the school Yes ☐ No ☐

Student's Favourite Subjects

1. _____ 2. _____

3. _____ 4. _____

Student's Study Habits

Prefers group studies ☐ Wants someone to sit along while studying ☐ Prefers to study alone ☐

Others, Kindly specify _____

Family Information

Mother's Name _____

Qualification _____ Profession _____

Organization & Designation _____

Business (if Applicable) _____

Phone Number _____ Mobile _____

Email _____ Annual Income _____

Father's / Guardian's Name _____

Qualification _____ Profession _____

Organization & Designation _____

Business (if Applicable) _____

Phone Number _____ Mobile _____

Email _____ Annual Income _____

Student is living with Both Parents ☐ Mother ☐ Father ☐ Guardian ☐

Details of Siblings

1. Name _____ Age _____

Institution studying in _____ Grade/Class _____

2. Name _____ Age _____

Institution studying in _____ Grade/Class _____

What according to you should be the role of a parent in child's education? _____

Any other Information you wish to share

Enclosures

(Without which this application will not be accepted)

The following documents (attested photocopies) must be submitted along with the filled application:

- a) Original documents to be submitted along with the application
- b) Birth Certificate from the Municipal Corporation / Civic Authorities
- c) A copy of the latest progress report certified by the school in which the student last studied (if applicable)
- d) 2 individual passport size colour photographs of the student and parents to be enclosed
- e) Transfer Certificate / Migration Certificate
- f) Wellness Record duly signed by the physician

Note: Staple all documents to the top left-hand corner of the application

Declaration

I hereby declare that the information furnished in this form is true to the best of my / our knowledge and belief.

Date:

Place:

Affix
recent passport-size
colour photograph
of Mother

Affix
recent passport-size
colour photograph
of Father

Affix
recent passport-size
colour photograph
of Guardian

Signature of Parent / Guardian

For Office Use Only

Admit to Grade _____ Roll. No. Allotted _____

Date of Joining Documents Submitted: Originals Photocopy

Birth Certificate ☐ ☐

Marks Sheet ☐ ☐

Transfer Certificate ☐ ☐

Migration Certificate ☐ ☐

Wellness Record ☐ ☐

Seal & Signature

Remarks _____

13 - 413 (R)

Concept & Design: Office of HR, Communications & Corporate Affairs, The JGI Group

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