## JMJ High School CBSE Affiliation No. 3630481

## Student Registration Form for those seeking Admission into the School

Perso	onal Information (Student):		
•	Full Name:	Gender :	
•	Date of Birth:		
Parei	nt/Guardian Information:		
•	Father's Name:	Mother's Name:	
•	Occupation:		
•	Guardian's Name (if applicable):		
•	Contact Number:		
Acad	emic Information:		
•	Last School Attended:		
•	Last Grade Completed:		
•	Seeking Admission in Grade:		
Entra	ance Examination Requirement:		
•	Students applying for admission from L	KG to Class VI must pass the school's entr	ance
	examination to be eligible for enrollmen	nt.	
Medi	cal Information:		
•	Blood Group:		
•	Allergies (if any):		
•	Medical Conditions (if any):		
Docu	ments Required (Attach Copies):		
•	Birth Certificate Adhar Card of the Student, Father and M Previous School Report Card Transfer Certificate (if applicable) Passport-size Photographs (2)	Mother	
	<b>ration:</b> I hereby declare that the informat of my knowledge.	ion provided above is accurate and comple	te to the
Signa	ture of Parent/Guardian:	Date:	