



# JUBILEE HILLS PUBLIC SCHOOL

ISO certified 9001 : 2015

Road No. 71, Jubilee Hills, Hyderabad - 500 033. Phone : 2354 8584, 2360 7797  
e-mail : info@jhpublicschool.com Website : www.jhpublicschool.com



## JHPS

### APPLICATION FORM

Affix latest  
passport Size  
photograph  
  
(STUDENT)

Affix latest  
passport Size  
photograph  
  
(FATHER)

Affix latest  
passport Size  
photograph  
  
(MOTHER)

1. **NAME OF THE STUDENT :**  
(IN BLOCK LETTERS as per DOB Certificate)

| Surname |  |  |  |  |  |  |  |  |  | Name |  |  |  |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|--|--|--|------|--|--|--|--|--|--|--|--|--|
|         |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |

\*Note : The above name will be registered permanently in the school records and all certificates and reports shall be issued on this name only. Any change at a later date will be accepted only by documentary proof.

2. **Date of Birth** : 

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

3. **Age at the time of admission (as on 31<sup>st</sup> March) :** \_\_\_\_\_ Years \_\_\_\_\_ Month(s) \_\_\_\_\_ Day(s)

4. **Gender (Please put the ✓ mark )** :  Male  Female

5. **Residential Address** :

6. **Place of Birth** : \_\_\_\_\_

7. **District** : \_\_\_\_\_ **State** \_\_\_\_\_

8. **Nationality** : \_\_\_\_\_ **Religion** \_\_\_\_\_

9. **Category (Please put the ✓ mark and attach relevant certificate as applicable)** : SC  ST  BC  OC

10. **Mother Tongue** : \_\_\_\_\_

11. **Identification Marks** : 1. \_\_\_\_\_  
2. \_\_\_\_\_

**12. Details of the previous school(s) attended**

| Name of the previous School(s) & Address(es) | Year/s of study | Class studied | Medium of instruction | Marks/ Grade | SSC / CBSE/ ICSE / Any Other |
|--|-----------------|---------------|-----------------------|--------------|------------------------------|
|  |                 |               |                       |              |                              |
|  |                 |               |                       |              |                              |

**13. Special Talents, if any, in any field**

|        |  |
|--------|--|
| Child  |  |
| Father |  |
| Mother |  |

**14. Siblings (own brother / sister) studying in this school :**

| Admn. No. | Name | Class & Section |
|-----------|------|-----------------|
|           |      |                 |
|           |      |                 |

**15. HEALTH DETAILS**

Blood Group : \_\_\_\_\_

Eye Sight : Left Eye \_\_\_\_\_ Right Eye \_\_\_\_\_

Physical / Mental Disabilities if any : \_\_\_\_\_

Family Doctor's Name & Contact No. : \_\_\_\_\_

Allergies, if any : \_\_\_\_\_

**16. Any learning difficulties :**

**E.g. : • Dyslexia**

**• ADHD**

**(Attention deficit - hyperactivity disorder)**

17. Streams

| ELECTIVES                    |  | COMMERCE |
|------------------------------|--|----------|
|                              | English  |          |
| E1                           | Economics  |          |
| E2                           | Accountancy  |          |
| E3                           | Business studies   |          |
| E4<br>Optionals<br>(Any one) | Mathematics/Computer Science/Physical Education/Entrepreneurship/Legal Studies/NCC/Political Science |          |

18. FAMILY DETAILS

| DESCRIPTION  | FATHER   | MOTHER   |
|--|----------|----------|
| Name (as per Municipal record)   |          |          |
| Nationality  |          |          |
| Qualification  |          |          |
| Profession / Designation   |          |          |
| Name of the office   |          |          |
| Address of the office  |          |          |
| Monthly Income (In Rupees)   |          |          |
| Transferable Job   | Yes / No | Yes / No |
| Aadhar Card Number   |          |          |
| E-mail Address   |          |          |
| Residence Phone No.  |          |          |
| Office Phone No.   |          |          |
| SMS to be sent to Mobile No. :<br>(Only one number to be provided)   |          |          |
| <ul style="list-style-type: none"> <li>Any change in address &amp; phone numbers should be intimated to the School immediately.</li> </ul> |          |          |

19. You have come to know about this School through      Newspapers       Friends       Website

## 20. Declaration by Parent / Guardian

We understand fully that the school on accepting this application fee and registering the name is not in any way bound to provide an admission. We agree to abide by the school rules and regulations concerning registration, school fee revision, admissions and withdrawal or dismissal of the student including discipline matters in the event of our ward being given an admission to the school.

We state that all the information given in this application form is true to the best of our knowledge and in case at any stage the information provided herein is found to be false/incorrect, my ward's admission can be cancelled.

We state that we will follow the rules and regulations as mentioned in the prescribed format.

We undertake to follow the rules as stipulated in the school Almanac.

- Note :**
- 1. Incomplete application form will not be considered for admission.**
  - 2. Admission is subject to medical fitness of the child.**
  - 3. A minimum fee increase up to 10% per annum will be levied every year.**
  - 4. Fee once paid is not refundable.**

Signature of Father

Signature of Mother

Signature of Guardian

Date : \_\_\_\_\_

Documents enclosed : Xerox copies of

|    |   |  |
|----|---|--|
| 1) | Date of Birth Certificate (Panchayat/Municipal Corporation) |  |
| 2) | Transfer Certificate (Original)                             |  |
| 3) | Bonafide Certificate (Original)                             |  |
| 4) | Previous School Report Card                                 |  |
| 5) | Residential Address Proof (Present Stay)                    |  |
| 6) | Aadhar Card of Father/Mother/Guardian                       |  |

|     |   |  |
|-----|---|--|
| 7)  | Certificate of caste / Physically Challenged (SC/BC/ST) |  |
| 8)  | Aadhar Card of Child                                    |  |
| 9)  | Blood group report of the child                         |  |
| 10) | Guardian Certificate                                    |  |
| 11) | Other certificates, if any                              |  |

| TRANSPORT FACILITY |                      |                                 |                |                 |
|--------------------|----------------------|---------------------------------|----------------|-----------------|
| Own / School Bus   | Distance from School | To fill if opted for school bus |                |                 |
|                    |                      | Route No.                       | Boarding point | Alighting point |
|                    |                      |                                 |                |                 |

- Note :**
- 1) Providing transport facility is not mandatory on part of the school.
  - 2) Transport facility may be discontinued during an academic year as per school rules.

| OFFICE USE |                       |                              |                       |          |
|------------|-----------------------|------------------------------|-----------------------|----------|
| Admn. No.  | Admin. Register Entry | Official's name, Sign & Date | Principal Sign & Date | ID Card  |
|            | Yes / No              |                              |                       | Yes / No |