

# ENQUIRY FORM



## JUBILEE HILLS PUBLIC SCHOOL



CBSE AFFILIATION NO : 3630020

Road No. 71, Jubilee Hills, Hyderabad - 500 096.  
Phone : 040-2360 7797, 2354 8584 +91 9502999228,

Website : www.jhpublicschool.com | E-mail : admissions@jhpublicschool.com

ENQUIRY NO :	SUBMISSION DATE:	ADMISSION INTO CLASS:	LOCAL/OTHER CITY TRANSFER (Please use ✓ mark)
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- ◆ Allotment of seats into UKG to X Class is subject to vacancies arising out of transfers only, subject to the standards of the school.
- ◆ Preference will be given to transfers from other cities.      ◆ School will inform the parent only in case of availability of vacancy.
- ◆ Filling this form does not guarantee admission.

<b>Name of the Student</b>			
<b>Date of Birth</b>	_____ D D   M M   Y Y Y Y		<b>Mother Tongue:</b> _____
<b>Class presently Studying</b>			
<b>Name and location of the present School</b>			
<b>Syllabus (Please Specify)</b>	CBSE / STATE / ICSE / IGCSE / OTHERS _____		
<b>Language Opted</b>	II language : _____		III Language: _____
<b>Percentage / Grade in the Present Class</b>			
<b>Reason for change of School</b>			
<b>Any special talent(s) of the child</b>			

PARENT DETAILS	FATHER	MOTHER
Name		
Qualification		
Company Name		
Designation		
Annual Income		
Phone No		
Email		
Address for communication		

**Note: Canvassing / Recommendations of any sort will be considered as a disqualification.**

THIS IS ONLY AN ENQUIRY FORM AND NOT AN APPLICATION FORM.

**Please enclose:** 1) Date of Birth Certificate copy.

2) Report Card / Term Report of the previous school.

Seeking Admission based on **WEBSITE / NEWS MEDIA / EXISTING PARENT / FRIENDS / STAFF / REFERRED BY** \_\_\_\_\_

Received on: \_\_\_\_\_ by Mr./Ms. \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF THE PARENT**

# FOR OFFICE USE

➤ COUNSELLING HANDLED BY : \_\_\_\_\_ ON \_\_\_\_\_

➤ FOLLOW UP ACTION

DATE	DETAILS	FOLLOW UP BY	ACTION PLAN

## ADMISSION STATUS

In process / Pending / Allotted / Fee paid      Admission No. : \_\_\_\_\_      Admission Date.: \_\_\_\_\_

### Reference

Name of the reference : \_\_\_\_\_  
Designation : \_\_\_\_\_  
Department : \_\_\_\_\_  
Phone Number : \_\_\_\_\_

### Sibling

Sibling Details : \_\_\_\_\_  
Admission Number : \_\_\_\_\_  
Class & Section : \_\_\_\_\_  
Remarks if any : \_\_\_\_\_

### Resource

Resource person : Father / Mother / Guradian / Referer  
Area of resource : \_\_\_\_\_  
Contact Number : \_\_\_\_\_      Remarks if any: \_\_\_\_\_  
\_\_\_\_\_

Authorised Signatory

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

Name: \_\_\_\_\_