



LOYOLA ACADEMY (DHM)

MATRICULATION SCHOOL

By Sisters of DMi

NEAR KISHKINTHA, ERUMAIYUR, RAJAGOPAL KANDIGAI,

DHARKAST, WEST TAMBARAM, CHENNAI - 600 044.

PH : 94444 05836 Website : www.loyolaacademy.in

Email : dftdmitambramsch@dmifoundations.org

APPLICATION FOR ADMISSION

ACADEMIC YEAR 20 - 20

PRE-KG TO X

Affix recent passport size photo

A. INFORMATION OF THE CHILD

Name of the PUPIL (Capital Letters only)

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Gender

Male Female

Date of Birth

DD MM YYYY

Age

Blood Group

Religion

Roman Catholic

Caste

Nationality

Yes NO

Community

OC BC MBC SC ST SS BCM Others

Aadhar No.

Languages Known

Mother Tongue

RESIDENTIAL ADDRESS

TEMPORARY ADDRESS

Father's Mobile No.

E-Mail ID :

Mother's Mobile No.

E-Mail ID :

Distance from school (in kms) : Preferred Phone Number for school SMS :

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Emergency Contact No. (Res/Mobile)

Name of the person to be contacted

Relationship

Do you require bus facility? Yes No

If yes, boarding point. _____

B. FAMILY INFORMATION

Single Parent

Tick one, only if applicable Father or Mother

Father / Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Annual Income:	Mobile No.:	

Mother / Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Annual Income:	Mobile No.:	

Details of Brothers / Sisters of the student

Name	Age	Name of the Institution	Standard

Incase of Staff's ward:

Name of the Parent:

C. DETAILS OF PREVIOUS STUDY

Year	Name of the school Studied	Standard / Grade	Grade / Marks obtained in final exams

The Previous School affiliated to : STATE BOARD CBSE ICSE Other

Awards won so far in Sports, Arts, Academics, etc...

D. MEDICAL DETAILS OF THE CHILD

Any Medication taken for general well-being of the child.

Any medication taken for any medical condition, such attention deficit / thyroid (hypo / hyper) / any other condition.

Does the child have any difficulty in seeing? Yes No

Any Consultation with doctor done: Yes No

If yes, Explain : _____

Any Allergy / any medical information that school should be aware of:

E. ENCLOSURES (All documents are mandatory at the time of admission)

- Birth Certificate Photocopy
- Transfer Certificate Original
- Community Certificate Photocopy
- Passport size photo (5 copies)
- Aadhar Card Photocopy
- Vaccination Card Photocopy (if required)
- Progress Report Photocopy - Previous year (only for new admission from other schools)
- Transport From (if required)

The above documents (recently attested photocopies) must be produced along with the filled application from

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

How did you hear about our school?

Name of the Newspaper

Name of the Magazine

Website

Other

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F. DECLARATION

I _____ have the authority to admit my child / ward _____ , into the school as the parent / legal guardian. I undertake the responsibility of providing any evidence needed to support the information provided here, if necessary for any reason. I declare that the statements provided in this application are correct to my knowledge and if found otherwise. I shall abide by the decision of the management. I agree to abide by the rules, regulations and the fee structure of the school.

Date of Submission:

Place:

Signature of Parent / Guardian

DMII
FOR OFFICE USE ONLY

Master / Miss / Baby : _____

Standard / Grade / Class: _____

Group : _____

Date : _____

Admission Co-ordinator

Principal