



# St. JOSEPH GLOBAL KIDS

By Sisters of DMI

22, Muthukumaran Nagar, Joseph's town,  
Poonamallee, Chennai - 600 056.

PH : 9444444853/9361978679

Website : [www.josephvidyalaya.in](http://www.josephvidyalaya.in)

Email : [dftdmijvkpoonamalleesch@dmifoundations.org](mailto:dftdmijvkpoonamalleesch@dmifoundations.org)

## APPLICATION FORM

ACADEMIC YEAR 20 - 20

CLASS KG



Affix recent passport size  
photo

Student's Name

PLEASE USE CAPITAL LETTERS

Application  
submission (Date)

Class Applied For

Application No.

Admission No.

## ADMISSION DETAILS

Aadhar No.  EMIS NO.

Admission to Class: (Tick)  Prekg  Lkg  Ukg

Previous school name

Board of Study:  Matric  State  CBSE  ICSE  IGCS  Otherboard

Second Language opted: Classes I to IX  Tamil  Hindi

Third language opted: Class I to IX  Tamil  Hindi

## INFORMATION RELATED TO THE APPLICANT

Name as per birth certificate ( in BLOCK LETTER )

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Gender (✓)  M  F Date of Birth  DD  MM  YYYY Age   State  Nationality

Mother Tongue  Religion  Blood group  Height  Weight(kg)

Community

Specify any two visible identification marks of the student

- 
- 

Address for communication

Contact address in case of emergency

Pin Code  State  Pin Code  State

Landline Number  Mobile Number  Landline Number  Mobile Number

Email ID  Email ID

Does the ward have any brother(s)/ sister(s)?  Yes  No

**If yes, specify (Optional)**

Name of the parent	Student's Name	Class	School	Ph No
1. _____	_____	_____	_____	_____

2. \_\_\_\_\_  
For the sibling's admission in our institution? Yes  No

If yes, specify: Name \_\_\_\_\_ Class \_\_\_\_\_

Language(s) spoken at home  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Kindly help us understand your child's history by completion the following chart.

List all the schools attended from his/her first year of schooling.

Class	Name of the school	Medium of Instruction	Board of Study
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

**Co-curricular / Extracurricular Activities**

I. List all representation at the international / National / State / Divisional / Zonal / School level in Sports. Library, Cultural and other Activities (Attach a separate sheet if space is insufficient)

Activity	Level	Position held / Type of Participation / Award	Tenure
eg: Volley ball	School	Player	2023 - 2024
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Kindly tick(✓) if you would like to opt.

IIT FOUNDATION  Yes  No  
(for classes VI to X)

ECAYLP  Yes  No (for classes LKG to VIII)  
(Extra Curricular Activities Year Long Programme)

II. If any special talent possessed, specify (Sports, Music, Dance, Art or any other)

---

---

---

**INFORMATION RELATED TO PARENTS**

**Father's Name** (in BLOCK LETTERS)

**Mother's Name** (in BLOCK LETTERS)

---

---

Educational Qualification

Educational Qualification

---

---

Mobile Number

Mobile Number

---

---

Email ID

Email ID

---

---

Designation

Designation

---

---

Annual Income

Annual Income

---

---

Type of Industry / Business

Type of Industry / Business

---

---

Name & Address of the organization

Name & Address of the organization

---

---

---

---

Office Phone Number

Office Phone Number

---

---

Did you recommend our institution to any parent(s) of ward(s) Yes  No

**If yes, specify (Optional)**

Name of the parent	Student's Name	Class	School	Ph No
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

**GENERAL QUESTIONNAIRE**

How did you come to know about the DFT Group of Schools?

Advertisement  SMS  Reference  Alumni  Website

Facebook  Twitter  Instagram  Youtube

Any other source

What are your expectations from the DFT Group of Schools?

(State in order of priority by providing serial numbers)

- |  |  |
|--|--|
| <input type="checkbox"/> Academic Excellence                                   | <input type="checkbox"/> Sports  |
| <input type="checkbox"/> Integrated Courses (IIT / NEET)                       | <input type="checkbox"/> Extracurricular Activities/Uniformed Services |
| <input type="checkbox"/> Competitive Courses<br>(NATA/NIFT/CLAT/CA-FOUNDATION) | <input type="checkbox"/> General Discipline/Safety                     |

**For instance**

- |  |  |
|--|--|
| <input type="checkbox"/> Academic Excellence                           | <input type="checkbox"/> Integrated Courses (IIT / NEET) |
| <input type="checkbox"/> General Discipline/Safety                     | <input type="checkbox"/> Sports                          |
| <input type="checkbox"/> Extracurricular Activities/Uniformed Services | <input type="checkbox"/> Competitive Courses             |

**FOR OFFICE USE ONLY**

Admitted in Class

Principal/Head of the Admission Committee

Date (DD/MM/YYYY)

## SUBMISSION OF CERTIFICATES/STATEMENTS/PROGRESS CARD

Certificate	Whether enclosed	Photocopy	Original
1. Transfer certificate (Counter signed by IMS for Matric/ By CBSE office for CBSE students from other states)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
2. Birth Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
3. Community Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
4. Migration Certificate (If the student is from another state/country)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
5. Aadhar Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
6. Any other enclosures	1. _____ 2. _____		

### Note:

- Date of submission of certificates will be announced after the commencement of classes.
- Admission number will be confirmed only after the submission of certificates and payment of fee.
- In case of inter-state transfer, TC must be produced duly counter signed by the inspecting officer/DEG with respect to schools affiliated to state boards and by the Regional Officer in case of schools affiliated to CBSE.

## ACKNOWLEDGEMENT

- We hereby declare that the above particulars are correct and true to the best of our knowledge.
- We also agree to abide by the existing fee structure, rules and regulations in force and those that may subject to vary.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Father/Guardian

\_\_\_\_\_

Signature of Mother

## SPECIAL DISCIPLINARY RULES

- Students are banned from using motor cycles.
- In case, the students is found using a motor cycles, his / her name will be referred to the TRAFFIC POLICE
- Students should not bring mobile phones or any electric and electronic gadgets to school
- Bullying or hurting other students is not entertained
- Students should not involve in smoking or consuming alcohol.

## DECLARATION BY THE PARENTS

---

- We promise that our ward will not come to school by motor cycles.
- He / She will not carry any mobile phone or any electrical or electronic gadgets to school.
- We also assure that he / she will not bully or hurt any student.
- He / She will not smoke or consume alcohol.

In case, my ward deviates from any of the above rules. We accept and agree to the disciplinary action taken against him / her.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Father/Guardian

\_\_\_\_\_

Signature of Mother

**Note to parents :** 1. Fill in all the columns provided. 2. Incomplete form will not be considered.

## IMPORTANT NOTE

- **Tuition fees are non-refundable under any circumstances.**
- **The total fees can be settled in a maximum of two installments, with 70% on admission initially and the remaining 30% in the subsequent installment (September).**

Scan the below QR Code  
to fill in student details.

