

APPLICATION FORM

Instruction : Please complete the form in Capital Letters

Affix a recent
passport size
photo
of the
student

Application No :

Name of the student : First Name :
Middle Name :
Last Name :

Year of Admission (yyyy)

Class applied for : _____ Date of Birth (dd/mm/yyyy) :

Gender (✓) : ☐ Male ☐ Female Blood Group : _____

Nationality : Indian / Foreign (specify) : _____

Community (✓) : General / OBC / SC / ST / BC Mother Tongue : _____

Religion : _____

Residential Address : _____

Locality code (refer last page) : _____ Contact No : _____

Preferred Mobile No : _____ Class : _____ Board : _____
(For school SMS) (Previously Studied)

Previous School Address : _____

Reason (s) For leaving the Previous School : _____

Group : ☐
(For Classes XI & XII only)

GROUP - A	GROUP - B	GROUP - C	GROUP - D
Mathematics Physics Chemistry Biology	Mathematics Physics Chemistry Computer Science	Mathematics Accountancy Business Studies Economics	Accountancy Business Studies Economics Computer Science / Entrepreneurship

Language Options

2nd Language (for classes I-III only) : _____ (Tamil / Hindi)

2nd Language (for classes IV-X only) : _____ (Tamil / Hindi / French / Sanskrit)

3rd Language (for classes V-VIII only) : _____ (Tamil / Hindi / French / Sanskrit)
(Hindi is compulsory at any one level)

STUDENT ACHIEVEMENT PROFILE

Scholastic (academic)	
Co-scholastic (Art/Music/Dance/ Theatre/ Debate etc.)	
Sports & Games	
Talent Exams/Olympiads	
Certificate Course(s)	

Learning disabilities, if any : _____

Medical problems,if any : _____

FATHER'S DETAILS

Name													
Qualification													
Occupation													Occupation Code* : (Refer last page)
Name of the Organization													
Office Address													
Annual Income													
Mobile No.	+	9	1										
E-mail ID (In Block Letters only)													

MOTHER'S DETAILS

Name												
Qualification												
Occupation	Occupation Code* : (Refer last page)											
Name of the Organization												
Office Address												
Annual Income												
Mobile No.	+	9	1									
E-mail ID (In Block Letters only)												

GUARDIAN'S DETAILS (if Applicable)

Name												
Relationship with the Applicant												
Contact Address												
Mobile No.	+	9	1									
E-mail ID (In Block letters only)												

SIBILING DETAILS (if Applicable)

	SIBILING - 1	SIBILING - 2
Name		
Class		
School/College/Organization studying or working		

How did you know about PERI School (✓)

☐ Newspaper (Specify) : _____ ☐ Online Advertisements (Specify) : _____

☐ Walkin ☐ Calling ☐ WhatsApp ☐ Facebook ☐ Television ☐ Others (Specify) : _____

PARENT'S WILLINGNESS TO VOLUNTEER IN SCHOOL ACTIVITIES

- | | | |
|--|---|---|
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Linguistic Development | <input type="checkbox"/> Soft Skill Development |
| <input type="checkbox"/> Performing Arts | <input type="checkbox"/> Annual Day Program | <input type="checkbox"/> Sports day event |

LOCALITY CODE

OCCUPATION CODE

Locality Code	Distance From School	Code	Occupation	Code	Occupation
O	0 - 3 km	ADV	Advocate	DOC	Doctor
A	3 - 5 km	AWS	Airways	EDU	Educationist
B	5 - 10 km	ARC	Architect	EMB	Embassy
C	10 - 20 km	BNK	Bank Sector	FIN	Financial Organization
D	Above 20 km	BUS	Business	HTL	Hotel Industry
		CAC	Chartered Accountant	CIV	Civil Services/Government
		DEF	Army/Navy/Air Force/Defence Services	ITS	Information Technology Service
		FRL	Freelancers	RWS	Railway Services
		NWS	Journalist/AIR/Print Media	SCT	Scientist/Research Scholar
		PVT	Private Sector	HOM	Home Maker
		PUB	Public Sector	NOB	None of the above

ENCLOSURES

<input type="checkbox"/> Report Card / Mark Statement / Equivalence Certificate,	<input type="checkbox"/> Copy of Passport (If applicable)
<input type="checkbox"/> Copy of Birth Certificate	<input type="checkbox"/> Copy of Parent's Employment ID / Business Card
<input type="checkbox"/> Copy of Community Certificate (If applicable)	<input type="checkbox"/> Copy of Residential Proof
<input type="checkbox"/> Copy of Medical Certificate / Doctor's prescription (If applicable)	<input type="checkbox"/> Copy of Minority Certificate (If applicable)

DECLARATION BY PARENT

I hereby declare that the above mentioned details are true to the best of my knowledge.

I understand that admission is subject to fulfilling the admission criteria and availability of seats. I also acknowledge that the management reserves the right to offer/ decline admission to my ward without any reason. I agree to accept the decision of the admission committee which shall be final and binding. I further acknowledge that the school will not be held if I do not receive any communication due to incorrect E-mail IDs / contact numbers / mobile numbers registered in DND format / address and other technical or unforeseen reasons.

I hereby agree to abide by the school's rules, regulations, and norms, and to cooperate fully with the school administration and staff in all aspects.

DATE :

SIGNATURE OF PARENT

OFFICE USE ONLY

ADMISSION RECOMMENDATIONS

Admission Officer : _____

Principal : _____

SIGNATURE OF ADMISSION OFFICER

SIGNATURE OF PRINCIPAL

Original Transfer Certificate Submitted (✓) : ☐ Yes ☐ NoDate of Submission (dd/mm/yyyy) :