



THE J. B. PETIT HIGH SCHOOL FOR GIRLS

5, MAHARISHI DADHICHI MARG, FORT, MUMBAI – 400001. TEL-91-22-22042617

Application for Admission: Registration Form Year of Admission: LKG

APPLICANT

Child's Name _____			
Surname	First name	Middle name	
Date of Birth _____	In words _____		
Place of Birth _____	Nationality _____	Religion _____	
Address _____			
Nursery/School Attended _____ Year/Duration _____			
Aadhar Card No. (mandatory) _____			

We are pleased that your child is applying for admission to JB!

Please answer the following questions to help us to better understand your daughter. We feel it is important to give you this opportunity to provide us with greater insights about your child because parents know their child in ways much different from teachers. As there are no right or wrong answers, we would appreciate a candid and honest response.

Please list names, standard and graduation year of parent/ sibling(s) who attend/ have attended The J. B. Petit High School for Girls

Please tick here (<input type="checkbox"/>) if mother is an ex-student of the school	
Maiden name of mother _____	Year of graduation _____
Please tick here (<input type="checkbox"/>) if sister is/ was a student/ ex-student of the school (NOT cousins)	
Name of sibling _____	Std. & Div. _____ /Year of graduation _____
Please tick here (<input type="checkbox"/>) if mother / sister is registered with The J. B. Alumni Association.	

PARENTS

Father's Name _____
Residence no. _____
Mobile _____
Office no. _____
Email _____
Profession _____
Designation _____
Employer _____
Office Address _____

Educational Qualifications _____
Professional Qualifications _____

Mother's Name _____
Residence no. _____
Mobile _____
Office no. _____
Email _____
Profession _____
Designation _____
Employer _____
Office Address _____

Educational Qualifications _____
Professional Qualifications _____

Family Details- Parents, siblings

Name	Relationship to child	Age	School Attended	Year (From - To)

1. Physical Data

General state of health (Good/Average/Poor) _____

Delivery of Child (Normal/ By surgery/Premature) _____

Walked independently at age _____ Speech developed at age (approx) _____

Any surgery/ hospitalization undergone by child(Specify precisely) _____

2. Who is your daughter's primary caretaker at home?

3. Briefly describe your daughter's self help skills

4. Briefly describe some of the qualities you especially appreciate about your daughter.

5. Does your daughter have any special medical needs? If yes, please specify.

6. What are your expectations of the school? What do you hope the JB experience will do for your child?

Signature _____ **Date** _____

The registration fee shall be Rs. 1000/- only. This registration does not guarantee admission.

Note: If you would like to give additional information about your daughter / family do so on an A4 sheet and attach it to this form.