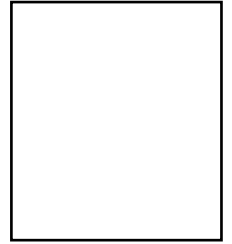




SRIMATHY PADMAVATHI VIDYALAYA MATRICULATION HIGHER SECONDARY SCHOOL,

NAGAPATTINAM-611001

ADMISSION FORM



Student Information

- Student's Name: _____
- EMIS No: _____
- Date of Birth: _____ (DD/MM/YYYY)
- Gender: ☐ Male ☐ Female
- Residential Address: _____
- City: _____ State: _____ PIN: _____

Parent/Guardian Information

- Parent/Guardian Name: _____
- Relationship to Student: _____
- Contact Number: _____
- Email Address: _____
- Occupation: _____
- Residential Address (if different from student): _____
- _____

Previous School Details

- Name of Previous School: _____
- School Address: _____
- City: _____ State: _____
- PIN: _____

Emergency Contact Information

- Emergency Contact Name: _____
- Relationship to Student: _____
- Contact Number: _____
- Alternate Contact Number: _____

Declaration

I/We, the undersigned, declare that the information provided in this admission form is accurate and complete to the best of my/our knowledge. I/We understand that providing false or incomplete information may result in the refusal of admission or dismissal from the school.

- Parent/Guardian Signature: _____
- Date: _____

For Office Use Only

- Received by: _____
- Date: _____ Application Number: _____
- Admission Number: _____

Instructions: Please complete this form in black ink and return it to the school's admissions office along with the required documents (e.g., birth certificate, previous school records).

PRINCIPAL SIGNATURE