



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) |
|------|-----------------------|-----|-----------------|------------------|
| | | | | |
| | | | | |
| | | | | |
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| | | | | |

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.