

**APPLICATION FORM FOR ADMISSION**

**LOYOLA INTERNATIONAL RESIDENTIAL SCHOOL  
CBSE**

Mevalurkuppam, "B" Village, Palanchur, Nazarethpet Post 600 123. Ph : 9244900744 / 45  
CHENNAI - BANGALORE NATIONAL HIGHWAY  
KANCHEEPURAM DIST. TAMILNADU



**Class XI - XII**

Affix recently taken  
passport size  
photograph

Registration No. & Date :	
Admission No. & Date :	
1. Name of the Student (in Block Letters)	
2. Class to which admission is sought	
3. Date of Birth	
4. Sex	
5. Nationality & Religion	
6. Community S.C / S.T. / M.B.C. / B.C. / O.C	Enclose a Xerox copy of the Community Certificate in the name of the student.
7. Mother Tongue	
8. Name of the school and class studying	
9. Marks scored in the class studying / Board Exam	Enclose the Xerox copy of the Progress Report / X Mark Sheet
10. Subject Selected	
<b>SCIENCE STREAM</b>	<b>COMMERCE STREAM</b>
<input type="checkbox"/> English	<input type="checkbox"/> English
<input type="checkbox"/> Physics	<input type="checkbox"/> Business Studies
<input type="checkbox"/> Chemistry	<input type="checkbox"/> Accountancy
<input type="checkbox"/> Mathematics <input type="checkbox"/> Computer Science	<input type="checkbox"/> Mathematics / <input type="checkbox"/> Sociology
<input type="checkbox"/> Biology / <input type="checkbox"/> Computer Science	<input type="checkbox"/> Economics / <input type="checkbox"/> Computer Science
<input type="checkbox"/> Physical Education <input type="checkbox"/> Multimedia & Web Technology	<input type="checkbox"/> Physical Education / <input type="checkbox"/> Multimedia & Web Technology
11. Proficiency in Games & Sports Specify the events	
12. Proficiency in extra curricular activities ( Enclose Certificates)	

13. Details of Parents

PARTICULARS	MOTHER	FATHER
Name		
Educational Qualification		
Languages Known		
Occupation (if business, specify)		
Residential Address	Name of the Office & Address	Name of the Office & Address
Phone / Fax / Mobile / E-mail :		

14. Details of Local Guardian	1)	2)
Name		
Sex / Relationship		
Occupation		
Address		
Phone & Mobile No.		

15. Specific Medical Treatment if any (Specify) :

16. This Application Form must be signed by Father if alive otherwise by Mother or Legal Guardian

Marks Secured in the Entrance Examination
English _____%, Maths _____%, Science _____%, Social _____%

**PARENT'S DECLARATION**

I hereby declare that the above entries are correct to the best of my knowledge and I undertake to abide by all the rules and regulations of the school stipulated in the prospectus.

Place :

Signature of the Mother

Signature of the Father

Date :

OFFICE USE			
Date of Registration		Registration for the	
Reg. Receipt No.		Academic Year	

Date of Admission

Enclosures : Photo Copy of the Birth Certificate, Community Certificate, Original X Mark Sheet, Transfer Certificate and two Pass port Size Photo

PRINCIPAL