

Dr. KJG Memorial Matriculation School

Application Form



Student Information

Student Name : _____

Age : _____

Date of Birth : _____ (DD-MM-YYYY)

Gender : Male / Female Grade Level : _____

Address : _____

City : _____ State : _____

Postal / Zip Code : _____



Parent/Guardian's Information

Father's Name : _____

Occupation : _____ Phone Number : _____

Mother's Name : _____

Occupation : _____ Phone Number : _____

In case of emergency, who will be notified? Please answer the fields below:

Guardian's Name : _____

Phone Number : _____

_____ I agree to [terms & conditions](#) provided by the school. I also certify that all information in this form is true and accurate

Parent/Guardian Signature

Date : _____

Location : _____