

# ENQUIRY FORM



# JUBILEE HILLS PUBLIC SCHOOL

CBSE AFFILIATION NO : 3630020

Road No. 71, Jubilee Hills, Hyderabad - 500 096. Phone : 040-2360 7797, 2354 8584, +91 9502999228,  
Website : www.jhpublicschool.com | E-mail : admissions@jhpublicschool.com



**THIS IS ONLY AN ENQUIRY FORM AND NOT AN APPLICATION FORM.**

ENQUIRY NO :	SUBMISSION DATE:	ADMISSION INTO CLASS:	LOCAL/OTHER CITY TRANSFER (Please use ✓ mark)
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- ◆ Allotment of seats into UKG to X Class is subject to vacancies arising out of transfers only, subject to the standards of the school.
- ◆ Preference will be given to transfers from other cities.      ◆ School will inform the parent only in case of availability of vacancy.
- ◆ Filling this form does not guarantee admission.

Name of the Student									
Date of Birth	D	D	M	M	Y	Y	Y	Y	Mother Tongue: _____
Class presently Studying									
Name and location of the present School									
Syllabus (Please Specify)	CBSE / STATE / ICSE / IGCSE / OTHERS _____								
Language Opted	II language : _____				III Language: _____				
Percentage / Grade in the Present Class									
Reason for change of School									
Any special talent(s) of the child									
Sibling Details in JHPS (own) (Name, Class & Section, Admission Number)									

PARENT DETAILS	FATHER	MOTHER
Name		
Qualification		
Company Name		
Designation		
Annual Income		
Phone No		
Email		
Address for communication		

**Note: Canvassing / Recommendations of any sort will be considered as a disqualification.**

- Please enclose:**
- 1) Date of Birth Certificate copy.
  - 2) Report Card / Term Report of the previous school.

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Seeking Admission based on **WEBSITE / NEWS MEDIA / EXISTING PARENT / FRIENDS / STAFF / REFERRED BY** \_\_\_\_\_

Received on: \_\_\_\_\_ by Mr./Ms. \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF THE PARENT**

# FOR OFFICE USE

Transport : Opted

Not Opted

## ADMISSION STATUS

In process / Pending / Allotted / Fee paid

Admission No. : \_\_\_\_\_

Admission Date.: \_\_\_\_\_

### Reference

### Resource

Name of the reference : \_\_\_\_\_

Designation : \_\_\_\_\_

Department : \_\_\_\_\_

Phone Number : \_\_\_\_\_

Name : \_\_\_\_\_

Contact Number : \_\_\_\_\_

Category : \_\_\_\_\_

Details : \_\_\_\_\_

➤ COUNSELLING HANDLED BY : \_\_\_\_\_ ON \_\_\_\_\_

### Comments

Name : \_\_\_\_\_

Date: \_\_\_\_\_

Authorised Signatory