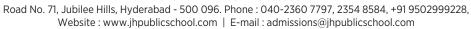
ENQUIRY FORM



JUBILEE HILLS PUBLIC SCHOOL

CBSE AFFILIATION NO: 3630020





LOCAL/OTHER CITY TRANSFER

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)	
 Allotment of seats into Preference will be give Filling this form does n 	en to tra				the standards of the school. ase of availability of vacancy.	
Name of the Student						
Date of Birth		D D M M Y	YYY	Mother Tongue:		
Class presently Studying						
Name and location of the present	t 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 Sch	nool					
Any special talent(s) of the	e child					
Sibling Details in JHPS (o (Name, Class & Section, Admission I						
					MORNIES	
PARENT DETAILS		FATHER			MOTHER	
PARENT DETAILS Name		FATHER			MOTHER	
		FATHER			MOTHER	
Name		FATHER			MOTHER	
Name Qualification		FATHER			MOTHER	
Name Qualification Company Name		FATHER			MOTHER	
Name Qualification Company Name Designation		FATHER			MOTHER	
Name Qualification Company Name Designation Annual Income		FATHER			MOTHER	
Name Qualification Company Name Designation Annual Income Phone No		FATHER			MOTHER	
Name Qualification Company Name Designation Annual Income Phone No Email Address for communication Note: Canvassing / Recommunication Please enclose: 1) Date of 2) Report	Birth Ce	ons of any sort will be considered	·		S IS ONLY AN ENQUIRY FORM AND NOT AN APPLICATION FORM.	
Name Qualification Company Name Designation Annual Income Phone No Email Address for communication Note: Canvassing / Recommunication Please enclose: 1) Date of 2) Report	Birth Ce	ons of any sort will be considered ertificate copy. Term Report of the previous school.	·		S IS ONLY AN ENQUIRY FORM AND	

FOR OFFICE USE

Transport : Opted N	ot Opted	
	ADMISSION STATUS	
In process / Pending / Allotted / Fee paid	Admission No. :	Admission Date.:
Reference		Resource
Name of the reference :	Name :	
Designation :	Contact Number :	
Department :	Category :	
Phone Number:	Details :	
COUNSELLING HANDLED BY :		ON
	Name :	
Date:		Authorised Signatory