
The Principal

J. J. Academy High School & Jr. College
Mulund (W), Mumbai

SUB : School Excursion / Field Visit

Madam,

I hereby give my consent for my son/ daughter to join the Excursion/ Field visit arranged by the school. I also declare that I am fully convinced of the School's care and shall not hold the School responsible for any unfortunate happening during the Excursion / Field visit.

Rs. _____ /- is sent herewith towards my ward's expenses.

Signature of Parent / Guardian _____

Student's Name: _____

Std : _____ Div.: _____ Roll No.: _____

Address: _____

Tel Off : _____ Res: _____

Mobile: _____

Medical Information :

Please include anything in particular that we need to be aware about your child.

FATHER'S
PHOTO

STUDENT'S
PHOTO

MOTHER'S
PHOTO

**OFFICE COPY
DECLARATION FORM
ACADEMIC YEAR 2024-2025**

ROLL NO: _____ STD: _____ DIV: _____ HOUSE: _____ GR. NO. _____
AADHAAR CARD NO.: _____ (COPY TO BE ATTACHED)

PLEASE NOTE THAT THE INFORMATION SUBMITTED IS CORRECT AS IT IS THE SOURCE THAT WE USE IN CASE OF AN EMERGENCY. ANY CHANGES SHOULD BE INTIMATED TO THE CLASS TEACHER AND OFFICE IMMEDIATELY.

A) STUDENT'S INFORMATION

1. NAME: _____
2. DATE OF BIRTH: _____ (ACCORDING TO BIRTH CERTIFICATE)
3. BIRTH PLACE OF STUDENT (AS PER BIRTH CERTIFICATE)

- _____ TOWN _____ TALUKA _____ DISTRICT _____ STATE _____ COUNTRY
4. AGE: _____ YEARS _____ MONTHS _____ DAYS (AS ON 13TH JUNE 2024)
 5. WEIGHT: _____ KGS: _____ HEIGHT: _____ CMS:
 6. RELIGION (TICK THE APPROPRIATE BLOCK)

HINDU	MUSLIM	SIKH	CATHOLIC	CHRISTIAN	JAIN	BUDDHIST

CASTE : _____ SUB CASTE : _____
(CERTIFICATE IF ANY TO BE ATTACHED)

7. MOTHER TONGUE (TICK THE APPROPRIATE BLOCK) :

ENGLISH	MARATHI	HINDI	KONKANI	PUNJABI	SINDHI	MALAYALAM	GUJARATI
TAMIL	KANNADA	URDU	ORIYA	ANY OTHER (SPECIFY			

8. INTEREST / HOBBIES : _____ / _____ / _____
9. MODE OF TRANSPORT: (TICK THE APPROPRIATE BLOCK)

WALKING	BEST BUS	PRIVATE BUS	RICKSHAW	TRAIN

10. SPECIAL NEED STUDENTS (TICK THE APPROPRIATE BLOCK)

LEARNING DISABILITY	VISUALLY IMPAIRED	PHYSICALLY HANDICAPPED	HEARING IMPAIRED	OTHERS (SPECIFY)

(CERTIFICATE IF ANY TO BE ATTACHED)

B. DETAILS OF PARENTS / GUARDIAN

FATHER'S NAME :	MOTHER'S NAME :
PROFESSION :	PROFESSION :
RESIDENTIAL ADDRESS :	RESIDENTIAL ADDRESS :
CELL PHONE :	CELL PHONE :
TELEPHONE :	TELEPHONE :
OFFICE ADDRESS :	OFFICE ADDRESS :
TELEPHONE :	TELEPHONE :
EMAIL :	EMAIL :

INFORMATION ABOUT SIBLINGS TO BE COMPULSORILY FILLED IN.

NAME _____ SCHOOL _____ STD: _____

NAME _____ SCHOOL _____ STD: _____

NAME _____ SCHOOL _____ STD: _____

NAME _____ SCHOOL _____ STD: _____

I HAVE READ ALL THE RULES OF THE SCHOOL AS STATED IN THE SCHOOL HANDBOOK AND AGREE TO ABIDE BY THEM AND ALL OTHER DECISIONS OF THE SCHOOL AND ALSO STATE THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

DATE: _____

SIGNATURE

_____ FATHER

_____ MOTHER

_____ *GUARDIAN

* DULY AUTHORISED BY PARENTS, IN THEIR ABSENCE.
KINDLY NOTIFY THE SCHOOL OF ANY CHANGE.

NOTE : FORM SHOULD BE CAREFULLY FILLED IN BLOCK LETTERS AND SUBMITTED ON 2ND JULY 2024