

Malolo, Nadi, Fiji  
Nadi, Fiji  
Regn. No. 3004  
Estd: 1949  
Managing Authority:  
Ramakrishna Mission, Fiji



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# Swami Vivekananda College

## APPLICATION FOR ADMISSION IN YEAR 12

FORM:

YEAR:

FEMIS ID:

PHOTO

### SECTION A: PERSONAL DETAILS

Last Name  First Name  Middle Name

Date of Birth:    Gender: Male  Female   
Day Month Year

Citizenship:  Race:  Religion:

Phone Contact:  Email:

### SECTION B: FAMILY BACKGROUND

Father's Name:  Mother's Name:

Father's Occupation:  Mother's Occupation:

Father's Contact: (Home):   
(Work):   
(Mobile):

Mother's Contact: (Home):   
(Work):   
(Mobile):

(Email):  (Email):

Father's Gross Annual Income: \$  Parent's Combined Gross Income: \$   
Mother's Gross Annual Income: \$

Parental Status: (Tick applicable category)

Together  Separated  Single Parent   
Father Deceased  Mother Deceased  Step Parent

(If staying with the guardian)

Guardian's Name:	<input type="text"/>	Guardian's Contact:	(Home):
Guardian's Occupation:	<input type="text"/>		(Work):
Relationship:	<input type="text"/>		(Mobile):

Home Address:	<input type="text"/>	Postal Address:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>

Guardian' Email:

Number of Siblings:

NAME	OCCUPATION	SCHOOL (& YEAR)/WORKPLACE
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Emergency Contact: ***Please provide the name and a residential address of one person who can be contacted on your behalf in case of emergency.***

Name:	<input type="text"/>	Relationship:	<input type="text"/>
Address (only residential):	<input type="text"/>	Phone:	<input type="text"/>
	<input type="text"/>		

Mode of Transport:	To School:	<input type="text"/>	From School:	<input type="text"/>
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Sickness /Allergy (if any):

Special needs (If any):

Students currently at SVC who lives near your home:

NAME	FORM	NAME	FORM
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## SECTION C: EDUCATIONAL BACKGROUND

Please attach certified copies of results.

Internal/External Examination

Exam: _____	
School: _____ Year: _____	
Subjects	Marks
English	
Mathematics	
<b>Aggregate [ENG + BEST 5]</b>	

Exam: _____	
School: _____ Year: _____	
Subjects	Marks
English	
Mathematics	
<b>Aggregate [ENG + BEST 5]</b>	

## SECTION D: SUBJECTS

**CAREER GOAL:** \_\_\_\_\_

**SUBJECTS OFFERED IN YEAR 11:**

**Compulsory Subjects** : English and Mathematics

**Compulsory Core Subjects** : Meditation, PE, FLE and Careers

**Optional Subjects:**

Select the combination of subjects given below that is the pathway towards your career goal. Place **one** tick in the space next to the subject combination of your choice.

Biology, Chemistry, Physics	
Biology, Chemistry, Agriculture Science	
Biology, Geography, Agriculture Science	
Biology, Chemistry, Home Economics	
Physics, Technical Drawing, Computer Studies	
Physics, Chemistry, Technical Drawing	

Physics, Technical Drawing, Applied Technology	
Accounting, Economics, Computer Studies	
Accounting, Economics, Office Technology	
Economics, Geography, History	
Economics, Geography, Agriculture Science	
Economics, Geography, Home Economics	

**Note:** Preference will be given to your choice; however, final decision will depend on your Annual Examination Marks.

