



Swami Vivekananda College

APPLICATION FOR ADMISSION IN YEAR 9

FORM:

YEAR:

FEMIS ID:

PHOTO

To be filled by Year 9 applicants only.

The School Home Zone is 2-kilometer boundary. Proof of residency must be provided such as Electricity or Water bill, Statutory Declaration, etc.

ENROLMENT WILL BE PROCESSED IN THE FOLLOWING ORDER OF PRIORITY

- 1 – Students living in the home zone regardless of ethnicity and religious affiliation
- 2 – Students who are siblings of current students
- 3 – Children who are children of current employees
- 4 – All other application

PLEASE TICK ONE – YOUR APPLICATION PRIORITY

SECTION A: PERSONAL DETAILS

Last Name First Name Middle Name

Date of Birth: Gender: Male Female
Day Month Year

Citizenship: Race: Religion:

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	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Single Parent	<input type="checkbox"/>
Father Deceased	<input type="checkbox"/>	Mother Deceased	<input type="checkbox"/>	Step Parent	<input type="checkbox"/>

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

(If staying with the guardian)

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

Number of Siblings:

NAME	OCCUPATION	SCHOOL (& YEAR)/WORKPLACE

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

SECTION C: SUBJECTS OFFERED

Year 9

Compulsory Subjects: English, Mathematics, Basic Science, Social Science, Commercial Studies and Office Technology

Compulsory Core Subjects: PE, Art & Craft, Music, Family Life Education, **Meditation** and Conversational Vernacular (Hindi or I Taukei)

Optional Subjects: [Place **one** tick in the space next to the subject of your choice.]

Options:	Basic Technology	<input type="checkbox"/>	OR	Home Economics	<input type="checkbox"/>	OR	Agriculture Science	<input type="checkbox"/>
			OR	Hindi	<input type="checkbox"/>	OR	Vosa Vaka-Viti	<input type="checkbox"/>

SECTION D: DECLARATION BY THE APPLICANT

*I acknowledge that the College reserves the right to deny me admission to a form or cancel my registration in any subject if the information given is incorrect or incomplete or if there are insufficient resources available at the College for me to successfully complete the course for which I applied or the subject I have registered in. **On admission I undertake to conform strictly to all the rules and regulations of the College, all the policies of the College and Ministry of Education and undertake to practice meditation wholeheartedly.***

Applicants Signature: _____

Date: _____

SECTION E: DECLARATION BY THE APPLICANT'S PARENTS/GUARDIAN

*I hereby confirm the statements contained in the above application are correct. I undertake to pay all dues within the stipulated time and further **agree that my child/ward will conform strictly to all the school rules and regulations and all the policies and hold myself responsible for any damages or indiscipline caused by my child/ward. I understand the noble purpose of universal meditation technique taught at the College and give consent to him/her to practice meditation. I am willing and capable to support his/her education financially in the above College.***

Parents/Guardian's Signature: _____

Date: _____

(Your application will be deemed incomplete if you do not sign this form)

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Decision: APPROVED NOT APPROVED

Required documents: SUBMITTED NOT SUBMITTED

Comment by recommending officer on decision taken:

Recommending Officer: _____
[Signature]

Date: _____

Principal: _____
[Signature]

Date: _____

