

SISHYA SCHOOL



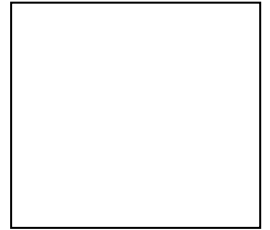
(A Unit of Sishya Educational Trust, Hosur.)
Affiliated to the Central Board of Secondary Education, New Delhi
Affiliation Number: 1930142
Thally Road, Hosur – 635 109 (T.N.)
Ph no: 04344-266668, Fax : 04344-265669,
Website: www.sishyaschool.edu.in e-mail : sishya_hs@yahoo.com

ADMISSION FORM – Class XI

(to be filled in capital letters only)

NAME OF THE PUPIL: _____

CLASS: _____ YEAR: _____



For Office use only

Admn. No:

List of copies of documents attached (to be retained in School)

Original to be verified and returned

- a) Birth Certificate
- b) Community Certificate
- c) Medical Certificate (for disabilities if any)
- d) Address proof (Aadhar card)
- e) TC of previous School

List of documents verified

- f) Educational Qualification
- g) Attested Income Certificate from Auditor

Office Assistant

USE CAPITAL LETTERS ONLY

S.No.		
1.	Name of the pupil	
2.	Residential Address	
3.	Name of the Father	
	a) Educational Qualification	
	b) Designation	
	c) Office Address	
	d) Annual Income	
	e) Phone No.	
	f) Email id	
4.	Name of the Mother	
	a) Educational Qualification	
	b) Designation	
	c) Office Address	
	d) Annual Income	
	e) Phone No.	
	f) Email id	
5.	Name of the Guardian (if applicable)	
	a) Educational Qualification	
	b) Designation	
	c) Office Address	
	d) Annual Income	
	e) Phone No.	
	f) Email id	

6.	Permanent Address	
7.	Date of Birth	
8.	Gender	
9.	a)Nationality & State	
	b)Religion	
	c)Category (OC/BC/SC/ST/Others)	
10.	Mother Tongue	
11.	Blood Group:	
12.	Drug Allergies/Ailments (if any)	
13.	Aadhar No:(Mandatory)	Father: _____ Mother: _____ Child: _____
14.	Whether Brother/ Sister studying in Sishya Yes <input type="checkbox"/> No <input type="checkbox"/>	(if yes) Name : _____ Class/ Sec: _____
15.	Whether Parent is an Alumnus of Sishya Yes <input type="checkbox"/> No <input type="checkbox"/>	(if yes) Name : _____ Batch year: _____
16.	Whether Parent is working currently in Sishya Yes <input type="checkbox"/> No <input type="checkbox"/>	(if yes) Name : _____ Designation: _____
17.	Whether the child is physically challenged or has any special needs (Attach Medical Certificate)	
18.	The Child lives with	a) Both parents <input type="checkbox"/> b) Father and step mother <input type="checkbox"/> c) Mother and step father <input type="checkbox"/> d) Guardian <input type="checkbox"/> e) Mother only <input type="checkbox"/> f) Father only <input type="checkbox"/> g) Others (specify) <input type="checkbox"/>

19.	a) Name of the School where candidate is studying Class X at present			
	b) Roll No. of Class X			
	c) Year of completion of Class X			
	d) Whether recognised	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	e) Board of Affiliation	CBSE <input type="checkbox"/>	Matric <input type="checkbox"/> Others <input type="checkbox"/>	
	f) Medium of instruction	English <input type="checkbox"/>	Others <input type="checkbox"/>	
20.	Academic performance in Class X – SA I (copy of the report card to be enclosed)	#	Subjects	% marks/ Grade
		1.	English	
		2.	Mathematics	
		3.	Science	
		4.	Social Science	
		5.	II Language	
21.	Selection of courses (English compulsory) SCIENCE STREAM	SCIENCE STREAM		
		<u>Compulsory</u>	<u>Optional (Any 1 Subject)</u>	
		* Physics	* Computer Science	<input type="checkbox"/>
		* Chemistry	* Engineering Drawing	<input type="checkbox"/>
		* Maths / Biology	* Entrepreneurship	<input type="checkbox"/>
			* Biology	<input type="checkbox"/>
			* Agriculture	<input type="checkbox"/>
			* Physical Education	<input type="checkbox"/>
			* Graphics	<input type="checkbox"/>
22.	Selection of courses (English compulsory) COMMERCE STREAM	COMMERCE STREAM		
		<u>Compulsory</u>	<u>Optional (Any 1 Subject)</u>	
		* Business Studies	* Computer Science	<input type="checkbox"/>
		* Economics	* Entrepreneurship	<input type="checkbox"/>
		* Accountancy	* Agriculture	<input type="checkbox"/>
			* Physical Education	<input type="checkbox"/>
			* Maths	<input type="checkbox"/>
			* Graphics	<input type="checkbox"/>
23.	School transport needed Yes <input type="checkbox"/> No <input type="checkbox"/>	Transport stop : _____		

DECLARATION BY PARENT(S)

I/ we hereby certify that the above information provided by me/us is correct and I/we understand that if the information is found to be incorrect or false, the ward shall be automatically debarred from selection/ admission process without any correspondence in this regard. I/We also understand that the application/ registration/short listing does not guarantee admission to my ward. I/We accept the process of admission undertaken by the school and I/we will abide by the decision taken by the school authorities. I/We understand that no reasons are expected for non selection of my ward from the school authorities.

Signature of Candidate

Signature of Parent/ Guardian

For Office use only

A) Admission

- I. a) Selected
- b) Not Selected
- c) Reason:
- II. School fees paid: Rs: _____ Dated: _____
- Mode of payment: _____
- III. Date of Admission: _____
- IV. Admission no. allotted: _____

Clerk

Principal

B) Withdrawal

- I. Date of withdrawal: _____
- II. Reasons for withdrawal: _____
- III. Class studying at the time of withdrawal: _____
- IV. Whether fees and all dues cleared: _____
- V. Date of TC issued: _____ TC No: _____

Clerk

Principal