



SISHYA SCHOOL, HOSUR

(A Unit of Sishya Educational Trust, Hosur)

Affiliated to the Central Board of Secondary Education, New Delhi , Affiliation Number : 1930142

Mugalur Campus, D. Baranthur, Hosur Taluk, Krishnagiri District-635110 (T.N.) Ph no. 9488130702 & 8903194702

ADMISSION FORM 2022 -23

CLASS: – XI

Name: _____

Class: _____

Date of Birth: _____



For Office use only

Admission. 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)	

List of documents to be verified:

d)	Educational Qualification	
e)	Attested Income Certificate from Auditor	
f)	TC of previous school (if applicable)	
g)	Address proof (Aadhar card)	

CAPITAL LETTERS ONLY (Except mail id)

S.NO	PARTICULARS	DETAILS
1	Name of the pupil	
2	Date of Birth	
3	Residential Address	
4	Name of the father	
	a) Educational Qualification	
	b) Designation	
	c) Office Address	
	d) Annual Income	
	e) Phone No	
	f) Email id	
5	Name of the mother	
	a) Educational Qualification	
	b) Designation	
	c) Office Address	
	d) Annual Income	
	e) Phone No	
	f) Email id	
6	Gender(M/F)	
7	a) Nationality & State	
	b) Religion	
	c) Category (OC/BC/SC/ST/OTHER)	
8	Mother Tongue	
9	Drug allergies/Ailments (if any)	

10	Blood Group	
11	Whether brother /sister is studying in Sishya	(if yes)
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name :
		Class/Sec :
12	Whether parent is an Alumnus of Sishya	(if yes)
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name :
		Batch Year :
		% of marks obtained in class X:
13	Whether parent is working currently in Sishya	(if yes)
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name :
		Designation :
14	Whether the pupil is physically challenged or has any special needs (Attach Medical Certificate)	
15	Aadhar No:(Mandatory)	Father:
		Mother:
		Child:
16	The pupil lives with	
		a. Both the parents <input type="checkbox"/> b. Mother and step Father <input type="checkbox"/> c. Father and step mother <input type="checkbox"/> d. Mother <input type="checkbox"/> e. Father only <input type="checkbox"/> f. Guardian <input type="checkbox"/> g. Others (Specify) <input type="checkbox"/>

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

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 father

Signature of mother

For Office use only

A) Admission

- School fees paid: Rs: _____ Dated: _____
Mode of payment: _____
- Date of Admission: _____
- 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