## SISHYA PLAY SCHOOL, HOSUR



(A Unit of Sishya Educational Trust, Hosur) Thally Road, Hosur – 635 109 (T.N)

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## PRELIMINARY REGISTRATION FORM 2023 -24 CLASS: UKG

S.NO **PARTICULARS DETAILS** Name of the pupil 1 **Date of Birth** 2 3 **Residential Address** Name of the Father 4 **Educational Qualification** a) b) Designation Office Address c) d) Annual Income e) Phone No f) Email id Name of the Mother 5 **Educational Qualification** a) b) Designation Office Address c) d) Annual Income Phone No e) Email id f) 6 Name of the Guardian (if applicable) **Educational Qualification** a) b) Designation Office Address c) d) Annual Income Phone No e) f) Email id

7	a) Gender(M/F)	
	b) Nationality & state	
	b) Religion	
	c) Category	
0	(OC/BC/SC/ST/OTHER)	
8	Mother Tongue	(:fa)
	Whether brother /sister is studying in Sishya	(if yes)
9	Yes No	Name:
		Class/Sec:
10	Whether Parent is an Alumnus of Sishya	(if yes)
	Yes No	Name:
		Batch Year:
		% of marks obtained in class X:
11	Whether Parent is working currently in Sishya	(if yes)
	Yes No	Name:
		Designation:
12	Name of the previous school (Specify the class)	
13	Whether the child is physically challenged or has any special needs (Attach Medical Certificate)	
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.		
Sig	gnature of Father	Signature of Mother
For <u>office use</u> only		
Selected		
Not-Selected Signature of Head Mistress		