



# SISHYA SCHOOL

(A Unit of Sishya Educational Trust, Hosur.)

Affiliated to the Central Board of Secondary Education, New Delhi

Affiliation Number: 1930142

Affiliated to the Central Board of Secondary Education, International -New Delhi

Thally Road, Hosur – 635 109 (T.N.)

Ph no: 04344-266668, Fax : 04344-265669,

## ADMISSION FORM

CLASS: \_\_\_\_\_ YEAR: \_\_\_\_\_



### For Office use only

Admn.No:

List of documents attached:

- |                                    |                          |
|------------------------------------|--------------------------|
| a) Birth Certificate               | <input type="checkbox"/> |
| b) Medical Certificate             | <input type="checkbox"/> |
| c) Educational Qualification       | <input type="checkbox"/> |
| d) Community Certificate           | <input type="checkbox"/> |
| e) Address proof                   | <input type="checkbox"/> |
| f) Salary slip/ Income Certificate | <input type="checkbox"/> |
| g) SA 1 report card                | <input type="checkbox"/> |

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	
	a) Educational Qualification	
	b) Designation	
	c) Office Address	
	d) Annual Income	
	e) Phone No.	
	f) Email id	

6.	Permanent Address	
7.	School from which pupil has come	
8.	Date of Birth	
9.	Gender	
10.	a)Nationality	
	b)Religion	
	c)Category (OC/BC/SC/ST/Others)	
11.	Mother Tongue	
12.	Whether Brother/ Sister studying in Sishya Yes <input type="checkbox"/> No <input type="checkbox"/>	(if yes) Name : Class/ Sec:
13.	Whether Parent is an Alumnus of Sishya Yes <input type="checkbox"/> No <input type="checkbox"/>	(if yes) Name : Batch year:
14.	Whether Parent working currently in Sishya Yes <input type="checkbox"/> No <input type="checkbox"/>	(if yes) Name : Designation:
15.	Whether the child is physically challenged or has any special needs (Attach Medical Certificate)	
16.	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"/>
17.	Choice of II Language	Hindi <input type="checkbox"/> Tamil <input type="checkbox"/>
18.	Choice of III Language	Hindi <input type="checkbox"/> Tamil <input type="checkbox"/>
19.	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 Father

Signature of Mother

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A) Admission

- I. a) Selected  
b) Not Selected
- 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

Parent