

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

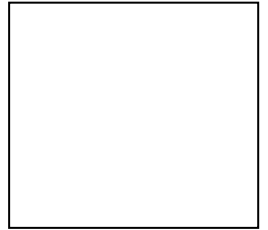
ADMISSION FORM

(For LKG to Class IX)

(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)

List of documents to be verified

- e) Educational Qualification
- f) Attested Income Certificate from Auditor
- g) TC of previous school (if applicable)

Office Assistant

USE CAPITAL LETTERS ONLY

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

	d) Annual Income	
	e) Phone No.	
	f) Email id	
8.	Permanent Address	
9.	School from pupil has come (if applicable)	
10.	Drug allergies/Ailments(if any)	
11.	Blood group:	
12.	a)Nationality	
	b)Religion	
	c)Category (OC/BC/SC/ST/Others)	
13.	Mother Tongue	
14.	Aadhar No:(Mandatory)	Father: _____ Mother: _____ Child: _____
15.	Whether Brother/ Sister studying in Sishya Yes <input type="checkbox"/> No <input type="checkbox"/>	(if yes) Name : _____ Class/ Sec: _____
16.	Whether Parent is an Alumnus of Sishya Yes <input type="checkbox"/> No <input type="checkbox"/>	(if yes) Name : _____ Batch year: _____
17.	Whether Parent working currently in Sishya Yes <input type="checkbox"/> No <input type="checkbox"/>	(if yes) Name : _____ Designation: _____
18.	Whether the child is physically challenged or has any special needs (Attach Medical Certificate)	
19.	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"/>
20.	Choice of II Language	Hindi <input type="checkbox"/> Tamil <input type="checkbox"/>

21.	Choice of III Language	Hindi <input type="checkbox"/>	Tamil <input type="checkbox"/>
22.	School transport needed(Please refer Transport stops on the website) 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

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