

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: 04344-266668,265669

Website: www.sishyaschool.edu.in

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PRELIMINARY REGISTRATION FORM 2020 -21

LATERAL ENTRY

CLASS:

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	
5	Name of the Guardian	
	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	Whether brother /sister is studying in Sishya	(if yes)
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name:
		Class/Sec:
10	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:
11	Whether Parent is working currently in Sishya	(if yes)
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name:
		Designation:
12	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.

Signature of Father

Signature of Mother

For **office use** only

Selected

Not-Selected

Signature of Principal