



# SISHYA SCHOOL

A Unit of Sishya Educational Trust, Hosur.)

Affiliated to the Central Board of Secondary Education, New Delhi

Affiliation Number: 1930142

Mugalur campus, D.Baranthur, Mugalur Village, Hosur Taluk,

Krishnagiri Dt- 635110

Mobile no: 8903194702, 7598197569.

Website: [www.sishyaschool.edu.in](http://www.sishyaschool.edu.in) e-mail : sishya\_hs@yahoo.com

## LATERAL ENTRY REGISTRATION FORM 2024 -25

### 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	

6	Name of the guardian	
	a) Educational Qualification	
	b) Designation	
	c) Office Address	
	d) Annual income	
	e) Phone No	
	f) Email id	
7	a) Gender (M/F)	
	b) Nationality & State	
	c) Religion	
	d) Category (OC/BC/SC/ST/OTHER)	
8	Mother Tongue	
9	Whether brother /sister is currently 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	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.

Signature of Father

Signature of Mother

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For **office use** only

Selected

Not-Selected

Signature of Principal