

SISHYA PLAY SCHOOL, HOSUR

(A Unit of Sishya Educational Trust, Hosur)

Thally Road, Hosur – 635 109 (T.N)

Ph no: 8903194702,9488130702

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PRELIMINARY REGISTRATION FORM 2025-26

CAMPUS : THALLY ROAD CAMPUS

SELECT CLASS : PRE – KG / LKG

STUDENT BASIC DETAILS

S. NO	PARTICULARS	DETAILS
1	NAME OF THE PUPIL	
2	DATE OF BIRTH	
3	AGE	
4	GENDER	MALE / FEMALE
5	NATIONALITY	
6	STATE	
7	RELIGION	
8	CATEGORY	OC / BC / MBC / SC / ST / OTHERS
9	MOTHER TONGUE	
10	COMMUNICATION ADDRESS (FULL ADDRESS WITH PINCODE)	
11	WHATS APP NO. (TO BE ADDED IN THE GROUP)	
12	EMAIL ID (VALID)	
13	TRANSPORT STOP DETAILS (REFER THE TRANSPORT LIST FOR STOP DETAILS)	

PARENT DETAILS

S. NO	PARTICULARS	DETAILS
14	NAME OF THE FATHER	
	a) EDUCATIONAL QUALIFICATION	
	b) DESIGNATION	
	c) OFFICE ADDRESS	
	d) ANNUAL INCOME	
	e) PHONE NO	
	f) EMAIL ID	
15	NAME OF THE MOTHER	
	a) EDUCATIONAL QUALIFICATION	
	b) DESIGNATION	
	c) OFFICE ADDRESS	
	d) ANNUAL INCOME	
	e) PHONE NO	
	f) EMAIL ID	
16	NAME OF THE GUARDIAN (IF APPLICABLE)	
	a) EDUCATIONAL QUALIFICATION	
	b) DESIGNATION	
	c) OFFICE ADDRESS	
	d) ANNUAL INCOME	
	e) PHONE NO	
	f) EMAIL ID	

OTHER DETAILS

S. NO	PARTICULARS	DETAILS
17	WHETHER BROTHER / SISTER IS STUDYING IN SISHYA SCHOOL	YES / NO
		NAME:
		CLASS & SEC :
18	WHETHER PARENT IS AN ALUMNUS OF SISHYA SCHOOL	YES / NO
		NAME:
		YEAR:
19	WHETHER PARENT IS CURRENTLY WORKING IN SISHYA SCHOOL	YES / NO
		NAME
		DESIGNATION
20	WHETHER THE CHILD IS PHYSICALLY CHALLENGED (OR) HAS ANY SPECIAL NEEDS (ATTACH MEDICAL CERTIFICATE)	YES / NO

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

SELECTED	
REJECTED	

SIGNATURE OF CORRESPONDENT