

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

LATERAL ENTRY ADMISSIONS - 2019-20

CLASS: UKG – IX

(USE CAPITAL LETTERS ONLY)

CLASS APPLIED FOR:

| S.NO | | |
|------|------------------------------|--|
| 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 | Gender | |
| 7 | a) Nationality & state | |
| | b) Religion | |
| | c) Category (OC/BC/SC/ST/OTHER) | |
| 8 | Mother Tongue | |
| 9 | Whether Brother /sister is studying in Sishya Yes <input type="checkbox"/> No <input type="checkbox"/> | (if yes) Name : Class/Sec : |
| 10 | Whether Parent is an Alumnus of Sishya Yes <input type="checkbox"/> No <input type="checkbox"/> | (if yes) Name : Batch Year : % of marks obtained in class X: |
| 11 | Whether Parent is working currently in Sishya Yes <input type="checkbox"/> No <input type="checkbox"/> | (if yes) Name : Designation : |
| 12 | Mention the School studied by the pupil previously | School: Class: |
| 13 | Whether the child is physically challenged or has any special needs (Attach Medical Certificate) | |

***Note: Attach copy of Annual Examination Report**

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) Selected

b) Not Selected

SENIOR PRINCIPAL