



SISHYA SCHOOL, HOSUR

(A Unit of Sishya Educational Trust, Hosur)

Affiliated to the Central Board of Secondary Education, New Delhi , Affiliation Number : 1930142

Mugalur Campus, D. Baranthur, Hosur Taluk, Krishnagiri District-635110 (T.N.) Ph no. 9488130702 & 8903194702

LKG- ADMISSION FORM 2027-28

STUDENT BASIC DETAILS

S. NO	PARTICULARS	DETAILS
1	NAME OF THE STUDENT	
2	DATE OF BIRTH	
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	WHATSAPP NO (TO BE ADDED IN GROUP)	
12	EMAIL ID (VALID)	
13	DRUG ALLERGIES/AILMENTS (IF ANY)	
14	BLOOD GROUP	
15	PAN NUMBER	FATHER:
		MOTHER:

PARENT DETAILS

S. NO	PARTICULARS	DETAILS
16	NAME OF THE FATHER	
	a) EDUCATIONAL QUALIFICATION	
	b) DESIGNATION	
	c) OFFICE ADDRESS	
	d) ANNUAL INCOME	
	e) PHONE NO	
	f) EMAIL ID	
17	NAME OF THE MOTHER	
	a) EDUCATIONAL QUALIFICATION	
	b) DESIGNATION	
	c) OFFICE ADDRESS	
	d) ANNUAL INCOME	
	e) PHONE NO	
	f) EMAIL ID	
18	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
19	WHETHER BROTHER / SISTER IS STUDYING IN SISHYA SCHOOL	YES / NO
		NAME:
		CLASS & SEC :
20	WHETHER PARENT IS AN ALUMNUS OF SISHYA SCHOOL	YES / NO
		NAME:
		YEAR:
21	WHETHER PARENT IS CURRENTLY WORKING IN SISHYA SCHOOL	YES / NO
		NAME
		DESIGNATION
22	WHETHER THE CHILD IS PHYSICALLY CHALLENGED (OR) HAS ANY SPECIAL NEEDS (ATTACH MEDICAL CERTIFICATE)	YES / NO
23	AADHAR NO (MANDATORY)	
	a) FATHER	
	b) MOTHER	
	c) STUDENT	
24	THE STUDENT LIVES WITH	PLEASE TICK WHICH EVER IS APPLICABLE
		BOTH THE PARENTS
		MOTHER & STEP FATHER
		FATHER & STEP MOTHER
		MOTHER ONLY
		FATHER ONLY
		GUARDIAN
		OTHERS (SPECIFY)

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****LIST OF DOCUMENTS NEEDED TO BE ENCLOSED WITH THE APPLICATION
(COPY TO BE ENCLOSED)**

SL. NO	PARTICULARS	TICK
1	BIRTH CERTIFICATE	
2	COMMUNITY CERTIFICATE (IF APPLICABLE)	
3	MEDICAL CERTIFICATE – FOR DISABLED STUDENTS (IF APPLICABLE)	
4	INCOME CERTIFICATE	
5	AADHAR CARD (FATHER, MOTHER & STUDENT)	
8	PASSPORT SIZE PHOTOS (4 NOS)	

FOR OFFICE USE

NAME OF THE VERIFYING AUTHORITY	:	
DATE OF VERIFICATION	:	
SIGNATURE	:	

REMARKS (IF ANY PENDING DOCUMENTS)

FOR OFFICE USE

A) ADMISSION

SL. NO	PARTICULARS	
1	ADMISSION NO	
2	SCHOOL FEES	
	i. AMOUNT	Rs.
	ii. PAID ON	DATE:
	iii. MODE OF PAYMENT	DD
	iv. DD NO	
	v. NAME OF THE BANK	
	vi. DATE OF DD TAKEN	
3	DATE OF ADMISSION	

CLERK

SR. PRINCIPAL

B) WITHDRAWAL

SL. NO	PARTICULARS	
1	DATE OF WITHDRAWAL	
2	REASON FOR WITHDRAWAL	
3	CLASS STUDYING AT THE TIME OF WITHDRAWAL	
4	WHETHER FEES AND ALL DUES CLEARED	
5	DATE OF TC ISSUED	
6	TC NO	

CLERK

SR. PRINCIPAL

