

## REGISTRATION FORM

photo of student photo of father photo of mother

## ACADEMIC DETAILS

	AGAD		CISILAIS								
Pote of Admission / /20			emic Sessio	n			T	Reg. No	. T		AR
Date of Admission	Secti	on/ Stream	Starker 1				iog. Ho				
Student Details					1 1	ino test time				17.	
First Name								-			
Middle Name					-		+-	-	-		
Surname						Distriction	ᆛᆛ				
Gender Male Female	1	Nationality				Birth place					
Date of Birth		Religion		E		Blood grou	P			_	
Mother Tongue		Email-id				511					
Student Caste Category General OB	C S	SC	ST	Minori	ty	PH					
Last Academic Information										16 19	, (QEIII
Name of last school				class passe	d						
Last Class Percentage (%)	Medium of	f instruct	ion in the las	t school							
Last School Board	Passing ye	ear (YYYY	0			nai Ly Pite. B.	LT.		F) 150		
Reason of leaving							Ist				
Parental Information										3	
Any sibling studying in same school Yes				No				18.			i mit
			ng's class	41							
Sibling's Name										3 1	
Address Information										- 4	
Communication Address : House/Plot Name									_		
City State			Pin Country								
Email			Emergency contact number						4		
If it is the same as above please put a tick in the bo	OX									The St	
Permanent Address : House/Plot Name				1/2-19		10 :				20,000	
City State			Pin Country								
Email			Emergency contact number								
Father's name			D.O.B.								
Father's mobile number			Father's qualifications								
Father's Email ID			Father's annual income								
Father's profession			Father's designation (if in service)								
Father's office address											1 545
Father's office tel no.					_						14 7 M P
Mother's name			D.O.B.								
Mother's mobile number			Mother's qualifications								
Mother's Email ID			Mother's annual income								
Mother's profession			Mother's designation (if in service)								
Mother's office address							II IN C		441	ANTE	
Mother's office tel no.					disa				Albert		



Local Gua	rdian's Namo					
Relationsh	ip to Applicant					
Home add						11-11-178
Telephone		Fax			Emall	
Occupatio	n	1101				
	cation address					
City	Janott address	Clata		Zlp		Country
Nature of I	huelnace	State		=1,		
Nature of	DUSINGSS					
If family i	e mel demelhor where a shorth of the					
n ranning i	s not together please give the fo			e divorand		
Mak	deceased	P	arents separated o	divorced		
	m does applicant reside?					
	step parent (if any)					
	oe financially responsible for the a	pplicant?				
Billing add	Jress	1 00 1		710		Country
City		State		Zip	THE RESIDENCE OF THE SECOND	oouni y
List of VI	sitors :				Deletlenship	
Name			Sex		Relationship	
Name			Sex		Relationship	
Name			Sex		Relationship	
Please li	st the sports or activities in which	the applicant	has participated			
				- tro later		
Through	what source did you learn about SI	IS GLOBAL SC	CHOOL			
Name				1.18		
1						
Has the ap	oplicant ever been subjected to sch	ool disciplinar	y action (expulsion			
			Landau Tona	If yes, please	explain	
		AP	PLICATION S	TATEMENT		
ave read the	e school prospectus and rules and	regulations o	f the school and I	agree to follow the	same.	
	hat all fee and dues are to be paid					ald are not refundable
	nagement reserves that right to ac					
					mondonod in the r	rospectas without holice.
arentie / Gu	ardian's signature:					Date
nonts/ uu	artium o orginaturo.					Date
arent's / Gu	ardian's signature :					Date
		Rema	ks of the Princin	al/ Co-ordinator		
SATISFIED TO SECURE		Henrie		en en en en en en en		