Academic Yr: Form No:

Age Off:

Date Rec'd: SIS Student:

Admission Ack'd: Assessment Form Sent:

Checklist Sent: Opportunity:

For Applicant's Use

Please complete in capital letters and return before filling. Fill in BLACK letters only. Please use flat pen only to fill details below.

Student Details

First Name: Kenzan

Middle Name: Ryo

Last Name:

Date of Birth: 01-01-2012 Gender: Male

Nationality: Kenyan Jamhuri No: 12345

Mother Tongue: Bengali Religion:Christianity

Caste: Sub Caste:

Are you submitting photocopy of caste certificate: Citizen to which admission is sought:

Previous School: Class:

Current Address: Landline:

City/Village: District:

Current Address

Current Address Council

Taluka/Tehsil:

State: Country:

Pin Code:

Father Details

First Name:

Middle Name:

Last Name:

Mobile: Residence Landline:

E-mail:

Education Level:

Qualification: Occupation:

Employment Type:

Office Landline: Office Landline:

Guardian Details

First Name:

Middle Name:

Last Name:

Mobile: Residence Landline:

E-mail:

Education Level:

Qualification: Occupation:

Employment Type:

Office Landline: Office Landline:

Additional Addresses

Permanent Residence Address

Landline:

City/Village:

State: Country:

Country: Pin Code:

Landline: Landline:

Office Address

Landline:

City/Village:

State: Country:

Country: Pin Code:

Landline: Landline:

Office Address

Landline:

City/Village:

State: Country:

Country: Pin Code:

Landline: Landline:

Additional Details

Mother Tongue: Bengali

City/Village: Kenya

Taluka/Tehsil: Kenyan

State: Kenya

Country: Kenyan Nationality:

Spectacles Age:

Blood Group: Unknown Identification Mark:

Mother: Father:

Siblings(Excluding Kenzan Ryo Dhillon)

(Only if siblings + parents are residing in Hirushwal)

1. SIS Number:

Name:

2. SIS Number:

Name:

3. SIS Number:

Name:

Medical Details(Optional)

Height: 0 cm Weight: Blood Group: Unknown

Known Allergies:

Allergic Medicines:

Major Illness History:

Family Illness History (if any):

Any other complication (if any):

Physical Deformity (if any):

Immunisations Given:

Surgeries Done (if any): Deformities (if any):

Guardian Details

Guardian: (Compulsory if student will be dropped or picked up by Guardian other than Mother or Father)

First Name:

Middle Name:

Last Name:

Relationship with student:

Mobile:

Mobile: Residence Landline:

Phone

E-mail:

Residence Address

Landline:

City/Village:

State:

Other Details

Middle Name:

Last Name:

Relationship with student:

Mobile:

Mobile: Residence Landline:

Phone

E-mail:

Residence Address

Landline:

City/Village:

State:

Declaration The information given above is true and correct to the best of my knowledge. I have read and accept the rules and regulations of the school and agree to abide by them.

Date: Sign Of Parent/Guardian:

Office Use Only

Admission Number Allotted

DATE OF ADMISSION

DATE OF JOINING

1. Do not fold the form. Please fill the form in English in Capital letters with Black pen only.

2. Please attach the Birth Certificate, Identity Details (Aadhar) and its attested in presence of CITE/SIS EDUCATIONAL TRUST

3. Attested copies of all the documents

4. The said amount will be refunded if not without any interest at the time of withdrawal of admission or after board examinations (strength the mentioned/learning certificate) whichever is earlier. Please note the refund will be processed only and only after all the dues relating to fees, home (hostel) or any damages or penalties are paid in full. Kindly note that expenditure like PRINTING/FEE at the time of REFUND of DEPOSIT, or registration, if admission is withdrawn before the social

5. Admission will be provisional till the completion of the first term. Admission will be confirmed only after the completion of the first term. Admission will be cancelled if the student is not able to cope with the academic rigorous. Decision of the Principal is final in this regard