REGISTRATION CUM ADMISSION FORM



SIVA SIVANI'S S.P.S. HIGH SCHOOL

(Recognised by Govt. of T.S. Vide Lr. RC. No.1933/A3/07) NH-44 Kompally, Secunderabad - 500 100. Ph: 040-27165450 to 54, Mobile: 9393332650.

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			Admission No.
Name of the pupil (Full Name in CAPITAL LETTERS ONLY)			Date of Admission
SURNAME SURNAME			
NAME			
Adhaar Card No.: Mother Tongo		1: Year	Affix Recent Passport Size Photograph
Nationality: Religion:	Caste:		
Sub-Caste: Category:	Male/Female:		
Name	Mobile No.	Qualifications	Occupation
Father			
Mother			
Guardian			
Email ID:			
Permanent Address			
H.No	Name of the Place		
Name of the Muncipality	Name of the Mandal		
Name of the District	Pin No.		
Present Address			
H.No	Name of the Place		
Name of the Muncipality	Name of the Mandal		
Name of the District	Pin No.		
Tel. Nos. (Resi):	Office:		
Class last studied			
Name of the school last studied			
No. of days child attended school in the previous academic year			
Class into which admission is sought			
First Language - Please tick (✔)	Telugu ☐ Hi	ndi 🗆	

Personal Identification Marks	i)			
	ii)			
Blood Group	Medical Concerns / Allergies			
Details of Siblings who are already studying in the School.				
a) Student Admission No b) Student Admission No				
The School runs transport on specified routes. Students availing the transport facility should board the bus at the nearest bus stop on the existing route. No diversion / additional stages will be permitted under any circumstances.				
Do you require the transport?	\square Yes \square No Please tick (\checkmark). If Yes, mention	n the place of boarding.		
(Route chart may be collected from the office)				
NOTE: i) Three months notice should be	given to withdraw the child from the school or three mor	nths fees has to be paid.		
ii) Any change of address or phone number should be informed to the school immediately.				
iii) TC / Record Sheet / Date of Birth Certificate / Adhaar Card Xerox / Caste Certificate issued by the Revenue officer or concerned Government authorities to be submitted within one month from the admission date, otherwise admission will be cancelled.				
I do hereby declare that all the statements made in the application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect, my ward's admission may be cancelled without any further information.				
	Sign	nature of the Parent / Guardian		
FOR OFFICE USE ONLY				
TC DETAILS				
Submission Date of DoB :	/ Record Sheet :	/ TC :		
TC / Record Sheet No.:				
Received Certificate From :				
	Parent Signature	Authorised Signatory		
Remarks				
		HM / Principal		