



Welcome to
SISHUALAYA

Sri Jayendra Saraswathy Sishualaya

182, SIHS Colony Road, Singanallur, Coimbatore-641005 Ph.6585107

APPLICATION FORM

Application No:

Class:

Date :

1.a) Name of the student (in English /Tamil)

b) Gender

Male

Female

c) Native Place:

2. a) Date of Birth :

In Number

In Words

b) Is the Birth Certificate Attached?

Yes

No

3. Nationality :

Indian

4. Whether living with Parent/Guardian

5. a) Name of Parent:

b) Occupation :

c) Parent Qualification :

i.Father

ii.Mother

d) Annual Income

e) Residential Address & Phone No.

6. a) Name of Guardian

b) Occupation :

c) Annual Income

d) Residential Address & Phone No.

7. Mother Tongue

8. Vaccinated

9.Email Id

Declaration of the Parent / Guardian

I hereby understand that this enrollment is meant for only Pre-KG class.

I declare that the particulars given are correct which are mentioned in the application.

Further , I assure that the Date of Birth of the student is correct and will not request for any changes to be made in future.

Parent\Guardian Signature