



SRI VENKATESHWAR INTERNATIONAL SCHOOL

ACADEMIC SESSION 20 __ - 20 __

Affix a latest passport size photograph of the student

Affix a latest passport size photograph of the mother

Affix a latest passport size photograph of the father

SIBLING IN SVIS

STAFF WARD

ALUMNI'S WARD

REQUEST FOR ADMISSION TO CLASSES PP - IX & XI

NAME OF THE STUDENT (IN BLOCK LETTERS) : _____

DATE OF BIRTH (IN FIGURES) : **AGE** : **GENDER** :

ADDRESS : _____

LAST SCHOOL ATTENDED : _____

RESULT : **PERCENTAGE OF MARKS WITH OVERALL GRADE IN PREVIOUS & CURRENT CLASS (ATTACH A SELF-ATTESTED PHOTOCOPIES OF THE MARK SHEET)** _____

YEAR OF BOARD CLASS X : _____ **(ATTACH PRE-BOARD/ BOARD MARK SHEET)**

SUBJECT SOUGHT IN : CLASS XI	SUBJECT 1	SUBJECT 2	SUBJECT 3
	SUBJECT 4	SUBJECT 5	ADDITIONAL SUBJECT, IF ANY

PLEASE DESCRIBE YOUR CHILD IN YOUR OWN WORDS:

IF THE CHILD HAS ANY SPECIAL NEEDS PLEASE TICK BOX :

PLEASE SPECIFY THE SPECIAL NEED : _____

PARENTS TO NOTE THAT

- THIS IS NOT AN ADMISSION FORM, NOR DOES THE SUBMISSION OF THIS FORM ENTITLE ANY CHILD AUTOMATIC ADMISSION TO THE SCHOOL.
- ANY PRESSURE OR RECOMMENDATION THAT IS BROUGHT TO BEAR ON THE SCHOOL AUTHORITIES WILL AUTOMATICALLY DISQUALIFY THIS APPLICATION.
- PLEASE FILL THE FORM PREFERABLY IN BLUE INK.

■ DETAILS OF FATHER

FATHER'S NAME : QUALIFICATION :
PROFESSION : DESIGNATION :
EMAIL ID : MOBILE NO. :
NAME OF THE ORGANISATION :

■ DETAILS OF MOTHER

MOTHER'S NAME : QUALIFICATION :
PROFESSION : DESIGNATION :
EMAIL ID : MOBILE NO. :
NAME OF THE ORGANISATION :

■ DETAILS OF SIBLING, IF STUDYING IN SVIS

1. NAME : CLASS / SECTION :
2. NAME : CLASS / SECTION :

UNDERTAKING

I, FATHER / MOTHER / GUARDIAN OF
CERTIFY THAT THE INFORMATION FURNISHED ABOVE IS AUTHENTIC AND FACTUALLY CORRECT. ADMISSION OF MY
WARD MAY BE CANCELLED IN CASE OF ANY FALSE INFORMATION.

DATE : SIGNATURE :
FATHER / MOTHER / GUARDIAN

THIS FORM MUST BE ACCOMPANIED BY SELF-ATTESTED COPIES OF:

1. PREVIOUS & CURRENT YEARS' REPORT CARDS
2. TRANSFER CERTIFICATE, IF AVAILABLE
3. BIRTH CERTIFICATE / AADHAR CARD
4. ADDRESS PROOF
5. MEDICAL INFORMATION DOCUMENT IN CASE, THE CHILD HAS ANY SPECIAL NEEDS.