



JNANASAHYADRI INTERNATIONAL SCHOOL

Gundashettikoppa, Soraba Tq, Shivamogga Dist

ಜ್ಞಾನಸಹ್ಯಾದ್ರಿ ಇಂಟರ್‌ನ್ಯಾಷನಲ್ ಸ್ಕೂಲ್

ಗುಂಡಶೆಟ್ಟಿಕೊಪ್ಪ, ಸೊರಬ ತಾ||, ಶಿವಮೊಗ್ಗ ಜಿ ||

Jsisssoraba@gmail.com | Mob.: 9364006001 | 9364005001

Ref. No.:

APPLICATION FORM

Date:

Admission:

Affix photo of
Father

Signature

Affix photo of Mother

Signature

Affix photo of
Student

Thumb Impression of Student

Admission Sought for:

Note: Please use capital letters only.

A. PARTICULARS OF THE CHILD

First Name:

Middle Name:

Last Name:

Gender:
 M F

Date of Birth:
DD MM YYYY

Date of Birth in words:

Nationality:

Religion:

Caste:

Sub Caste:

Aadhar No:

Community: SC/ST OBC GEN OTHERS

Language Known:

Mother Tongue:

PERMANENT ADDRESS

PRESENT ADDRESS

Distance from school (in kms):

Preferred Phone Number for school SMS:

Please indicate (✓) if you require transport facility for your child: Yes No

B. FAMILY INFORMATION

Number of members in the family: _____

Particulars	Father	Mother	Guardian
Name:			
Age:			
Educational Qualification:			
Institution:			
Occupation			
Designation:			
Annual Income:			
Office Address			
Phone No: Mobile Landline			
Email ID			

Single Parent:

Tick one, only if applicable: Father Mother

If child is sponsored

(Name of sponsoring agency)

Permanent Address:

Details of Brothers / Sisters of the Pupil:

	Sibling 1	Sibling 2
Name		
Age		
Gender		
Current School		
Current Grade		
Have you also applied for sibling's Admission	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

In case both parents are working, what is the support system at home?

Please share something special about your child.

C. DETAILS OF PREVIOUS STUDY

Year	School/Pre-School	Standard/Grade	Grade/Marks obtained in final exams

The Previous School Board to: IB CBSE ICSE State Others

Medical Information: a. Blood Group _____ b. Any allergies _____
c. Vaccinated or not? _____

How did you come to know about Jnanasahyadri International School ?

News Paper Online Search Social Network Hoardings

Others (Please specify) _____

Checklist for Registration:

The registration form should be duly filled and submitted along with the following documents to the school within three days from the date of issue of this form.

- Four** passport size photograph of the child
- Self-attested copy of "**Birth Certificate**" issued by the Municipal Committee/Municipal Corporation
- Self-attested copy of "**Residence Proof**"
- Copy of the "**Progress Report**" from the previous school (if applicable)
- Original TC - Transfer Certificate from the previous school (if applicable)
- Vaccination Certificate (Xerox) (Covid-19)
- Aadhar Card (Xerox) (including Father & Mother)
- Community Certificate

Undertaking from the parent:

- a. I hereby certify that the above information is accurate to the best of my knowledge and belief. I understand that if any part of it found to be false, this application will be cancelled.
- b. I fully understand that the school, on accepting the registration form of my child, is not bound to grant admission.
- c. I agree that the decision of the school administration regarding grant of admission will be final and binding on me.
- d. I understand that the school transport will be provided on specified routes/stops only.
- e. I acknowledge that the registration fee is non-refundable.
- f. I agree to follow and ensure that my child abides by all the rules, regulations and procedures laid down by the school from time-to-time.
- g. I abide to attend all PTM meetings conducted by the school

Name of Mother/Guardian: _____ Signature of Mother/Guardian: _____

Name of Father/Guardian: _____ Signature of Father/Guardian: _____

Date: _____ Place: _____

FOR OFFICE USE ONLY

Received by: _____

Form Received on (Date): _____

Receipt No.: _____ Signature: _____