



SILVER SPRING INTERNATIONAL SCHOOL

Affiliated to CBSE, New Delhi. Affi/No-830667

39/1, Vinayaka Nagar, Near Chikkabanavara Railway Station

Hesaraghatta Main Road, Bangalore- 560090

Ph:080-65313444, 9008846699, E-mail : silverspringints@gmail.com

Admission Application

for the year 20__ - 20__

Affix
Passport Size
Photo

FORM NO: _____

DATE: _____

Child's Name: _____
(First Name) (Middle Name) (Last Name)

Gender M/F: _____ Date of Birth: _____ Blood Group: _____
(dd/mm/yy)

Place of Birth: _____
(Town) (State) (Country)

Nationality: _____ Religion: _____ Caste: _____

Residence Address: _____
Pin: _____

Class to which admission is sought: _____ Preferred second language: _____
(Hindi / Kannada)

School Transportation: _____
(Yes / No.)

Previous school data:

School presently studying: _____ City: _____

Medium of instruction: _____

Sibling data:

Name/s of siblings studying in _____

Class: _____ Year of admission : _____ Admission no : _____



Father's name: _____

Educational qualifications: _____

Designation: _____ Annual income: _____

Company: _____ Type (Govt/MNC/NGO/Prop/Self Empl): _____

Address: _____

_____ Pin: _____

Telephone: _____ Fax: _____

E-mail: _____ Mobile: _____



Mother's name: _____

Educational qualifications: _____

Designation: _____ Annual income: _____

Company: _____ Type (Govt/MNC/NGO/Prop/Self Empl): _____

Address: _____

_____ Pin: _____

Telephone: _____ Fax: _____

E-mail: _____ Mobile: _____



Guardian's name: _____

Relationship with child: _____

Office address: _____

Ph. Nos: _____

To help us understand your child better, please give us some additional information.

What is your child's favorite story/fairy tale? _____

What kind of media is your child most fond of? Do you have a computer at home? _____

Does your child have medical difficulties/academic needs that the school should be aware of?

What kind of involvement can you have with _____

Accompany children on a field trip

Conduct a story telling/read aloud session for the children

Conduct a craft session for children

Others _____

CERTIFICATION FROM THE PARENT

1. We would like to work with you for the academic, physical and emotional development of your child. We therefore request both parents to attend every Parent-Teacher Meeting. That will be organized three times a year.
2. I/We hereby certify that the above information provided by me/us is correct. I/We understand that if the information is found to be incorrect or false at any point of time, my ward will be automatically debarred from the selection/admission process and admission will be cancelled by the school without any correspondence in this regard. I/We also understand that the application/registration/wait-listing does not guarantee admission to my ward. I/We accept the process of admission undertaken by the school and I/We will abide by the decision taken by the school authorities. I undertake to submit all the required documents in original for verification by the school authorities and pay fees within the stipulated time period.
3. I solemnly confirm that the information given above is correct to the best of my knowledge and belief.
I have read the school rules and agree to abide by them.

Signature of Father:

Date:

Signature of Mother:

Date:

Please attach the following documents with your Admission Form

1. Copy of Birth Certificate. The original Birth Certificate must be produced for verification at the time of interview/admission. Certificates issued by hospitals will not be considered.
2. Copy of the latest progress report, if a child is seeking admission to LKG & UKG.
3. Documents required to be verified before Admission to Pre-School (2011-2012):
(Final admission is subjected to the verification of the following documents in original)

Office Use Only

_____ (if selected)

_____ (Class)

Registration fee receipt no./ date: _____

Admission fee receipt no./ date: Amount: _____

Admission number: _____

Authorised Signatory