



# SHIVALIK INTERNATIONAL CONVENT SCHOOL

Nangal Chowk, Teh. Dehra, Kangra (H.P.)

Phone : 01970-206142, 289242

## REGISTRATION FORM

- ◆ Name of the child (in capital letters)
- ◆ Date of Birth (in figures)       (in words)
- ◆ Age as on 1st April of current Academic Year Years  Months  Days
- ◆ Sex (Please put a tick) ☐ Male ☐ Female ◆ Nationality of the child
- ◆ Name of the school the child is attending at present
- ◆ Studying in class  Applying for class
- ◆ Medium of instruction
- ◆ Languages studying ☐ Eng ☐ Hindi ☐ Punjabi ☐ Sanskrit Others

### Parent's Details

#### FATHER

#### MOTHER

#### LOCAL GUARDIAN (FOR BOARDERS ONLY)

◆ Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
◆ Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
◆ Nationality	<input type="text"/>	<input type="text"/>	<input type="text"/>
◆ Academic Qualifications	<input type="text"/>	<input type="text"/>	<input type="text"/>
◆ Occupation	<input type="text"/>	<input type="text"/>	<input type="text"/>
◆ Designation	<input type="text"/>	<input type="text"/>	<input type="text"/>
◆ Name of Organisation	<input type="text"/>	<input type="text"/>	<input type="text"/>
◆ Office / Business Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
◆ Residential Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
◆ Phone No(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
◆ Mobile No(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
◆ E mail address	<input type="text"/>	<input type="text"/>	<input type="text"/>

- ◆ a) If any parent is an ex-student of S.I.C.S., please mention year and branch
- ◆ b) If staff child, please mention the name of the staff member
- ◆ Details of any brother or sister (not cousins) studying in S.I.C.S.

Name of the child	Name of the Branch	Class / Sec.
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>



- ♦ Areas in which you can contribute towards the enrichment of the school.

(Please put a tick against your choice)

Cultural ☐

Medical ☐

Media ☐

Academic ☐

Sports ☐

Any other

Please elaborate your choices

### **INFORMATION**

- ♦ Kindly note that due to limited number of seats, it will not be possible to admit all applicants. The application made here does not, in any way, entitle the candidate to be admitted to the school.
- ♦ Shortlisted candidates will be informed by e-mail / phone / post.

### **INSTRUCTIONS**

Please submit the following along with the form

- ♦ Passport size photographs of the child and the parents duly affixed.
- ♦ A photocopy of the Birth Certificate issued by the Municipal Corporaton / Civic Authorities.
- ♦ A photocopy of the latest progress report card.

### **CERTIFICATE FROM PARENTS**

I hereby certify that to the best of my knowledge, the information given above is correct. I fully understand that the school on accepting the registration form of my ward is not in any way, obliged to grant admission. I also agree that the decision of the Principal regarding admission will be final and binding on me.

Date

Signature of Mother

Signature of Father

### **INDEMNITY BOND**

In the event of any injury or harm or loss of life during the course of the stay of my ward in the school, I shall not hold the school or authorities responsible for the same. Also, I understand that 3 months notice needs to be given to the school in case I wish to withdraw my child. I understand that in such a case only the security deposit is refundable.

Date

Signature of Parent / Guardian

Please  
affix Child's  
photograph here

Please  
affix Mother's  
photograph here

Please  
affix Father's  
photograph here