

SITA CHILDREN ACADEMY INTER COLLEGE

Mahmudabad (Avadh), Sitapur • Tel.: +91 9838579733, 8173899571

ADMISSION FORM

The Principal, Sita Children Academy Inter College						
I apply for the admission of my son/daughter toClass forSession					AFFIX	
1	Student's Name HERE					
2	a. Date of Birth in figures :	Day	Me	onthYear		
	b. Aadhar Number					
	c. Age as onYears andMonths					
	(xerox copy of Birth Certificate to be enclosed)					
3	Name of the school studying in					
4	Class in which studying					
5	5 Marks obtained in the last examination :					
S.No.	SUBJECT	% MARKS	S.No.	SUBJECT	% MARKS	
1.			1.			
2.			2.			
3.			3.			
4.			4.			
6	Nationality:Moth	er Tongue :		Category:		
7	Details of all brothers/sisters of the child in Sita Children Academy Inter College. (write Admission No., Class					
	& Section)					
8	Father's Name:Annual Income:					
	Academic Qualifications: Mobile No:					
	Designation or exact nature of Business	:				
FOR OFFICE USE ONLY						
FOR OFFICE USE ONLY Registration No						
Name of Student:						
Parents must come to school onto see the notice Board for further institutions.						
Dated:Signature:						

10.	Mother's Name :			
	Academic Qualifications :			
	Designation (If Employed):			
11	Residential Address :			
11	Office Address:			
10	Tel: (Residence)(Office)			
12	Whether Transport is Required or not : Y N			
	(Mobile)			
	I certify that I am the Father/Mother of the child and the information furnished above is correct to the best			
of my k	nowledge and I have carefully read the information given overleaf.			
,				
Dated :				
	Signature of Father/Mother			
	Full Name :			
	INFORMATION			
1.	Submission of application does not guarantee admission which will depend on the number of vacancies.			
2.	Other things being equal, preference will be given to those residing in the neighbourhood.			
3.	School Buses are plying on specific routes and have limited seats. Admission will not, therefore automatically ensure a seat on the school bus.			
4.	The application form should be returned at SCAIC filled, Latest by			
5.	Transfer Certificate will be required on grant of admission along with two copies of passport size photographs.			
6.	Municipal Birth Certificate in original will be required on grant of admission.			
Dated :	······································			
Dateu .	Signature of Father/Mother			
	Signature of Father/Methor			
	CERTIFICATE			
1. I	fully understand that the school, on accepting the registration of my ward is not in anyway bound to grant admission, as the			
decision	ons are purely based on availability of seats and on the qualifying pre-admission test/interview. I also understand, that the of the Principal regarding admission will be final and binding on me.			
instructi	have read the school prospectus carefully and promise to abide by the rules mentioned therein and also other rules and ons issued by the school from time to time. The school from time to time to time and the school is not refundable under any circumstances.			
	note that the lee once paid to the schoons not refundable under any circumstances.			
	Signature of Father/Mother			
	Full Name:			