SEHBERG SCHOOL SYSTEM

STUDENT REGISTRATION / ADMISSION FORM

Student's information (To be completed by Parent/ Guardian in Capital letters)

1. Student Name
2. Admission required from
3. Admission in class
4. Gender **M** **F**
5. Date of birth - -
6. Place of birth
7. Religion
8. Nationality
9. Previous schooling details **(starting with the last school attended)**

S.NO	Name of School	Location	From	To	Upto Class	Reason for Leaving

10. Mailing Address
11. City
12. Postal Code
13. Res. Phone No
Mobile #
14. Permanent Address
15. City
16. Postal Code
17. Emergency Ph #
Mobile #
18. Emergency Contact Person Name
19. Any serious illness or allergies?
20. Any physical impairment?

Father's/ Guardian's Information

21. Name
22. Relationship
23. NIC No. - -
24. Occupation
25. Designation
26. Organization
27. Email
28. Address
29. City
30. Postal Code
31. Phone No
Mobile #

Mother's Information

32. Name
33. Relationship
34. NIC No. - -
35. Occupation
36. Designation
37. Organization
38. Email
39. Address
40. City
41. Postal Code
42. Phone No
Mobile #

Other children currently studying in the SSS

	Registration No.	Name	Class
i.			
ii.			
iii.			
iv.			