



# SAIBABA CENTRAL SCHOOL



Data Form for New Students - June 20 /

Student's name as it should appear on our records:

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Aadhar Card number: ..... Caste: .....

Class in 20 / : ..... Date of admission: .....

Date of birth: ..... / ..... / .....

Father's name: ..... Occupation: .....

Languages spoken: English / Telugu / Hindi / Urdu / Other .....

Mother's name: ..... Occupation: .....

Languages spoken: English / Telugu / Hindi / Urdu / Other .....

Names of brothers and sisters at SCS: .....

Present address:

Permanent address:

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Telephone No.: Home: ..... Office: .....

Mobile: .....

Relative's / Neighbour's Phone Number: .....

Contact phone no. during School hours: .....

Transportation to School: ..... If School bus, bus no. and trip no.: .....

Do you have access to a computer with Internet? Yes / No

Email address: .....

Does your child have any medical condition/allergies/disability? Yes / No

If yes, please state: .....

Any other information we should know about your child: .....

.....

Parent's Signature: .....

Date: .....

## For Office Use Only

Admission No: ..... Roll No: ..... Date: .....

Remarks of the Principal: .....

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Principal's Signature: .....

