



SAIBABA CENTRAL SCHOOL

Entrance Test Request 20 /



Entrance Test for Class: Date:

Name:

Age: Date of birth: / /

Previous School:

For how many years did your child attend the previous school?

Previous class:

Names of brothers / sisters sitting for the Entrance Test:

<u>Name</u>	<u>Class</u>	<u>Relationship</u>
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1.

2.

Names & classes of brothers / sisters / relatives / friends attending this School:

<u>Name</u>	<u>Class</u>	<u>Relationship</u>
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1.

2.

Educational qualifications of the father:

mother:

Occupation of the father:

Occupation of the mother:

Who will supervise the student's homework?

Any details about your child that we should know before the exam is conducted: .

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Phone No.:

Parent's Signature:

Ongole Relatives or Neighbour's Phone No.:

Entrance Test Remarks

To be completed by the teacher supervising Entrance Tests:

Independence:

Speed:

Capability:

Behaviour:

Suitable for requested class? Yes / No

Other remarks:

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Teacher's Signature: