

S.No.:



**Hi-Tech**  
Modern Residential High School  
(Recognised by GOVT. of T.S.)

S.No. 268, Sri Raghavendra Nagar, Athvelly Village, Medchal Mandal, R.R.District, Hyderabad.  
Phone: 08418-220422, 220522. Cell: 9492448211, 9492877069. www.hitechresidential.com

## **APPLICATION FORM**

STUDENT I.D. No.: .....

Affix a recent  
passport size  
photograph of  
the child

### **ADMISSION TO:**

Name of the Student: .....

Class: ..... Year: ..... Date of Admission: .....

Identification Marks: (1) .....

(2) .....

### **IMPORTANT INSTRUCTIONS:**

- Please fill the application form in capital letters only.
- This application is invalid without Parent/Guardian's Signature.
- Date of Birth and spelling of the pupil's name should be according to the last school records.
- Certificate from the previous school stating the date of birth and progress report/transcript of the last examination appeared in necessary.
- Please mention International Code / STD Code wherever necessary.
- Please attach extra sheets for any additional information you may wish to provide.

### **THE FOLLOWING DOCUMENTS ARE REQUIRED TO COMPLETE THE ADMISSION**

- Birth Certificate
- Transfer Certificate
- Progress Report
- Completed Application Form
- 6 Latest Passport Size Photographs of the student.
- 2 Latest Passport Size Photographs of the Parents.
- 2 Latest Passport Size Photographs of the local Guardians and Visitors.
- Detailed Medical Report with reference to any past or recent illness, To TAKE special care and attention.

## STUDENT INFORMATION:

Student Name: \_\_\_\_\_

Male ☐ Female ☐ Name Surname

Date of Birth: DD   MM   YYYY

Place of Birth: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

SC/ST/BC/OC \_\_\_\_\_ (Certificate issued by the M.R.O. is to be attached.)

Mother Tongue: \_\_\_\_\_ Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

Address for Communication: \_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Previous School Name: \_\_\_\_\_ Class: \_\_\_\_\_

Syllabus: SSC / CBSE / ICSE

Type of School: Day / Residential / Day Cum Residential

Medium of Instruction: \_\_\_\_\_

A) First Language  B) Second Language  C) Third Language

Spacial Interests of the Students:

Students information from the Parents (Including Medical)

## PARENTS INFORMATION:

Father's Name: \_\_\_\_\_

Name Surname

Residential Address: \_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Qualification: \_\_\_\_\_ Occupation/Designation: \_\_\_\_\_

Organisation: \_\_\_\_\_ Office Address: \_\_\_\_\_

Off. Ph No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Name Surname

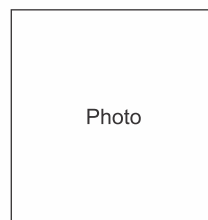
Residential Address: \_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

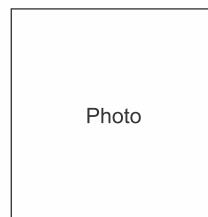
Qualification: \_\_\_\_\_ Occupation/Designation: \_\_\_\_\_

Organisation: \_\_\_\_\_ Office Address: \_\_\_\_\_

Off. Ph No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_



Photo



Photo

**IF FATHER & MOTHER ARE NON-RESIDENT INDIANS (OR) FOREIGNERS GIVE THE FOLLOWING DETAILS**

Passport Details:

Country: ..... Number: ..... Place of Issue: .....

Date of Issue: ..... Date of Expiry: ..... Type of Visa Held: .....

Date of Issue: ..... Date of Expiry: .....

*(A photo copy of passport must be submitted along with application)*

**LOCAL GUARDIAN / EMERGENCY DETAILS:**

Note: It is recommended by the school that all student must have a local Guardian

Name of the Guardian: .....

Name of the Spouse: .....

Relationship to the Student: .....

Residential Address: .....

Qualification: .....

Occupation / Designation: .....

Organisation: .....

Office Address: .....

Office Ph No: ..... Fax: ..... E-mail: .....

Address to which all Regular Correspondence from school is to be mailed:

Any other Emergency Contacts:

Ph No.: ..... Mobile No: ..... E-mail: .....

**LIST OF VISITORS APPROVED BY THE PARENTS:**

Visitor's Name : .....

Relationship : .....

Phone No. : .....

Mobile No. : .....

E-mail : .....

Visitor Signature .....

Visitor's Name : .....  
Relationship : .....  
Phone No. : ..... Mobile No.: .....  
E-mail : .....

Photo

Visitor Signature .....

Visitor's Name : .....  
Relationship : .....  
Phone No. : ..... Mobile No.: .....  
E-mail : .....

Photo

Visitor Signature .....

State the person/Persons who are financially responsible for the payment of school fees of the child

Name of the Person: .....

Address: .....

..... Ph: ..... Mobile No: .....

Signature of the Responsible Person

#### DETAILS ABOUT BROTHERS & SISTERS OF THE APPLICANT

S.No.	Name	Age	Sex	Educational Institution	Standard

All the above information given is correct and true to the best of my knowledge, additionally understand that this application is limited to the Academic Year 20..... 20.....

Date: .....

Place: .....

Signature of the Father

Signature of the Mother

Signature of the Guardian

Name: .....

Name: .....

Name: .....

**FOR OFFICE USE ONLY**

Date:

**PRINCIPAL**