



## LANGUAGE

Applicant's most proficient language.....

Primary Language at Home.....

## SUPPORTIVE SERVICES

Has your child ever been tested and / or received help in the following areas ?

	Tested		Received Help	
ESL	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N	<input type="checkbox"/> Y
Speech & Language	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N	<input type="checkbox"/> Y
Learning Difficulties	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N	<input type="checkbox"/> Y
Reading / Literacy	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N	<input type="checkbox"/> Y
Emotional / Behavioural	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N	<input type="checkbox"/> Y
Other	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N	<input type="checkbox"/> Y

If YES, please describe.....

.....

.....

Has your child ever repeated a grade ?

Y     N

If YES, name grade(s) what reasons.

.....

.....

.....

Has your child ever been asked to withdraw / suspended from school ?

Y     N

If YES, state reasons.

.....

.....

.....

## AWARDS / SPECIAL HONORS

Has your child received any special honors, awards, recognition for any talent or gifted ability in arts, sports, academic subjects, extra-curricular activities ?

If YES, please list below.

.....

.....

.....

.....



## PARENT INFORMATION (MOTHER)

NAME : FIRST

MIDDLE

LAST

DATE OF BIRTH : 

D	D	M	M	Y	Y	Y	Y
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NATIONALITY : ..... RESIDENTIAL STATUS : FOREIGN / NRI / INDIAN

MOTHER TONGUE : .....

PERMANENT ADDRESS : ..... City .....

..... Pin.....

.....

MAILING ADDRESS : .....

(If different from permanent address) .....

**CONTACT INFORMATION :**

RESIDENCE PHONE(S)	
OFFICE PHONE(S)	
MOBILE NUMBER	
EMAIL (Mandatory)	

PROFESSION :     SERVICE         BUSINESS         SELF-EMPLOYED         PROFESSIONAL

OCCUPATION : .....

NAME OF ORGANISATION : .....

DESIGNATION : .....

OFFICE ADDRESS : .....

.....

**EDUCATIONAL QUALIFICATIONS :**

	INSTITUTION	PLACE	EXAM / DEGREE	YEAR
SCHOOL				
COLLEGE				
UNIVERSITY				
OTHERS				

ALUMNUS OF CIS : YES / NO      IF YES, YEARS IN CIS : FROM ..... TO .....

Applicant Resides With

Father       Mother       Both       Guardian  
(Please provide relevant documents)

Are Parents  Separated       Divorced (please attach legal / custodian papers)

### SIBLING INFORMATION

If any sibling had studied / is studying in CIS : YES / NO

IF YES

NAME OF BROTHER / SISTER	CLASS	YEAR OF PASSING

IF NO

NAME OF BROTHER / SISTER	SCHOOL ATTENDED / ATTENDING

### REASONS FOR CHOOSING CIS

1.
2.
3.
4.

THREE REFERENCES :

NAME	ADDRESS	PHONE	PROFESSION

.....  
*Signature of Father*

.....  
*Signature of Mother*

**NON REFUNDABLE APPLICATION FEES :**  
**INR 2500 TO BE PAID**  
**BY CASH / DEMAND DRAFT**  
**APPLICATION DOES NOT AUTOMATICALLY**  
**OR NECESSARILY ENSURE ADMISSION.**

#### SUPPORTING DOCUMENTS TO BE PROVIDED

1. BIRTH CERTIFICATE OF APPLICANT
2. LAST MARK SHEET / GRADE CARD OF SCHOOL ATTENDED / ATTENDING
3. PROOF OF NATIONALITIES OF APPLICANT
4. PROOF OF NATIONALITIES OF BOTH PARENTS
5. HIGHEST QUALIFICATION CERTIFICATES OF PARENTS
6. INNOCULATION RECORDS
7. SPECIAL NEEDS, IF ANY
8. IF PARENTS ARE DIVORCED, LEGAL / CUSTODIAN PAPERS
9. THREE RECENT PASSPORT SIZE PHOTOGRAPHS
10. AUTHORISATION LETTER FOR LOCAL GUARDIAN (IF APPLICABLE)

