



Application Form for Student TC (To be filled in by the parent and submit in the Academics Department)

G.R. No.:	Membership ID:
Name of the student in full (Master/Miss):	
Class & Div:	Date of Birth:
Nationality:	CPR No. of the student:
Contact No. (Mob)I: (Mob	.)II: Residence No.:
	chool:rking days of the last day of attendance of the e from the Accounts Department).
Name of the Parent:	Signature of the Parent
(To be filled in by the Class teach	er and countersigned by Vice Principal)
No. of School Working Days:	No. of School Days Attended:
General Conduct:	Subjects Studied: (a)
(b) (c)	(d) (e)
(f)	Third Language:
Last Date of Attendance:	
Result: Passed/Promoted/Failed	/ Supplementary (Subject)
Signature of Class Teacher	Signature of Vice Principal
<u>For C</u>	Official Use
Nationality:	Date of Birth:
Class at the Time of Admission:	Date:
Class at the Time of Admission:	
	Date: Date: Fee Paid Up to:
Class at the Time of Admission:	Date:

ADM/AC/008 ISB-EP-01