



SKYWINGS INTERNATIONAL SCHOOL, BHADRA

REGISTRATION CUM SCHOLARSHIP TEST FOR CLASS XI

Stream opted: Medical [] , Non-Medical[] , Commerce[] & Arts[]

Name Of Student :

Father's Name :

Mother's Name :

Gender : Male [] / Female []

Date Of Birth(dd/mm/yyyy) :

Class For Admission :

Previous School :

Result of Class IX (%age) :

Correspondence Address :

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Mobile No. :

What'sApp :

PHOTO

Declaration: All information filled out above is correct. If anything is found wrong, then school may cancel my form.

Date:

Place:.....

Sign. of Parent