



FORM A

ADMISSION OF STUDENT

PRELIMINARY APPLICATION FORM

1. Class/Grade to which Admission is Sought : _____
2. Name of Student : _____
3. Sex : _____
4. Date of Birth : _____
5. Religion : _____
6. Father's Name : _____
7. Occupation : _____
8. Mother's Name : _____
9. Occupation : _____
10. Guardian's Name : _____
11. Address of Parents : _____

12. Telephone No. Office : _____
Residence : _____
13. Name of last school Attended : _____
14. Cause of Leaving : _____
15. The Address from which the student will attend CSI if selected for Admission.

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Signature of the Parent

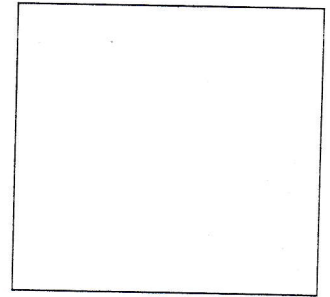
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NIC No.

Date : _____

FORM B



COLOMBO SOUTH INTERNATIONAL COLLEGE
 43, S de S Jayasinghe Mawatha, Kohuwala, Nugegoda
 Tel 011-2829770, 011-2827821



Student Particulars

1. Surname : Admission No. :
2. Other Names :
3. Sex : 4. Date of Birth :
4. Nationality : 6. Religion:
7. Last School Attended:
8. Last Grade Passed :
9. Medium of Instruction: 10. Second Language
11. Whether the child was vaccinated:

Parents' / Guardian's Particulars

Details	Father	Mother	Guardian
Name			
Occupation			
Address and Contact Number

Person, Address and Telephone No. To Contact in case of Emergency :

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I certify that the foregoing particulars are true and correct.

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Signature of Parent / Guardian NIC No. Date :

Please annex a copy of the Birth Certificate of the Child.