

Serial No.

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APPLICATION FORM FOR IDENTITY CARD

Please be good enough to complete the information below in **capital letters**. The **Head of the School** need to **acknowledge the application** form for the Student ID, with his/her signature and the School rubber stamp. Attach the Original birth certificate and a copy along with 03 recently taken passport size photographs in **School Uniform**, certified by the Head of the School with their **name, date of birth, school admission number, birth certificate number**, before head should sign and seal. and a copy of the TISSL form.

(Please use a new application form if you go wrong when filling. Do not tipex or strikeout.)

FULL NAME* :

FIRST NAME* :

LAST NAME* :

GENDER* : MALE FEMALE

DATE OF BIRTH* : (DD/MM/YYYY)

PASSPORT/ ID No

SCHOOL* :

GRADE / CLASS* : ADMISSION No* ADMISSION DATE* :

BIRTH CERTIFICATE No* : ISSUED COUNTRY* :

DISTRICT* : DIVISION* :

.....
APPLICANT'S SIGNATURE*

.....
PRINCIPAL'S SIGNATURE/Seal*

FOR OFFICE USE ONLY

ORIGINAL TISSL ID CARD NUMBER :.....

DATE APPLICATION RECEIVED:.....

DATE OF ISSUE OF RENEWAL:.....

DATE OF EXPIRY:.....

MODE OF PAYMENT: DEPOSIT CASH
(PLEASE CIRCLE)

.....
NAME OF NOMINATED OFFICER

.....
SIGNATURE

*MANDATORY FIELDS

TO WHOM IT MAY CONCERN:

I/We, of _____ the parent(s) or legal guardian(s) of the Participant do/does hereby give permission for the following child: _____ (Participant), to attend and participate representing the school.

LIABILITY RELEASE

In consideration of Organizer allowing the Participant to participate in the Events, I/we do hereby release, forever discharge and agree to hold harmless Organizer, its directors, employees, volunteers and agents from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by Participant while involved in the Events, other than in incidents considered to be gross negligence. Furthermore, I/we hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in the Events.

It is compulsory that parents ensure that your child is medically and physically fit to participate in the selected activity by way of a regular medical check-up.

Parent/Guardian Signatures

_____ / _____ Date _____

NIC No: _____ Parent(s)