

Learn
Grow
Achieve

REGISTERED UNDER EDUCATION DEPARTMENT GOVT. OF SIKKIM



WINTER COACHING PROGRAMME

STUDENT REGISTRATION FORM



ACADEMIC EXCELLENCE FOR A BRIGHTER FUTURE

Small
Steps
Big Dreams

1. STUDENT INFORMATION

Full Name of Student *

Date of Birth *

Gender *

☐ Male ☐ Female ☐ Other

Current Class *

☐ Class 6 ☐ Class 7 ☐ Class 8 ☐ Class 9 ☐ Class 10 ☐ Class 11 ☐ Class 12 ☐ Other _____

Name of School *

Board *

☐ CBSE ☐ ICSE/ISC ☐ State Board ☐ Other _____

2. CONTACT DETAILS

Student's Contact Number *

Parent/Guardian's Name *

Parent/Guardian's Contact Number *

Email ID (Optional)

Residential Address / Town *

City/District

PIN Code

3. COACHING PREFERENCES

Subjects Interested In * (Select all that apply)

☐ Mathematics	☐ Biology
☐ Science	☐ English
☐ Physics	☐ Social Studies
☐ Chemistry	☐ All Subjects
☐ Other (Please specify) _____	

What is your main goal for joining Winter Coaching? *

☐ Improve academic performance
☐ Prepare for upcoming examinations
☐ Clear basic concepts
☐ Complete syllabus revision
☐ Competitive exam preparation
☐ Other (Please specify) _____

4. ADDITIONAL INFORMATION

How did you hear about The Accelerator?

☐ Friends	☐ Parents
☐ School	☐ Advertisement
☐ Social Media	☐ Other (Please specify) _____

Any specific academic requirements or questions?
(Optional)

DECLARATION

☐ I confirm that the information provided above is true and correct. I am interested in joining the Winter Coaching Programme at The Accelerator, subject to the programme schedule and admission requirements.

Signature of Student

Signature of Parent/Guardian

Date DD / MM / YYYY