

SUSHILA BIRLA GIRLS' SCHOOL
APPLICATION FORM FOR SIBLING FEE CONCESSION
(ACADEMIC YEAR: 2026 -2027)

1. Parent/Guardian Details

Name of Parent/Guardian: _____

Contact Number: _____

Email ID: _____

2. Details of Children Studying in the School

Elder Child:

Name: _____

School: _____

Class/Section: _____

Admission No./Campus Care Id: _____

Younger Child (Eligible for Concession):

Name: _____

School: _____

Class/Section: _____

Admission No./Campus Care Id: _____

3. Eligibility Confirmation

- The concession is subject to an application from the parents.
- The concession will be applicable to children studying in Sushila Birla Girls' School and Birla High School, Moira Street.
- Regarding the concession for Birla High School (Mukundapur) conditions enumerated in their policy will be valid.
- The concession will only be given to the younger of the two siblings.
- In case of twins studying in the school, the younger child will be eligible for concession.
- In case of three or more children studying in the school, only the second child will be eligible for concession. No additional concession will be provided to other siblings, if any.

- The concession will remain applicable as long as the older child continues to be enrolled in the school. Once the older child passes out from the school the concession will stop.
- The 15% concession will apply only to total fees and not to any other charges (admission fees, late fees, re-admission fees, diary & Id Card fees)
- The concession is applicable for one academic year (at a time) and will be renewed annually by the school management, upon receipt of a fresh application by the concerned parent.
- The school reserves the right to withdraw or modify the concession at any time in case of non-compliance with school rules or policies.
- The concession is subject to timely payment of fees.

4. Declaration

I, _____ (Parent/Guardian), hereby declare that the information provided above is true and correct to the best of my knowledge. I have read and understood the terms and conditions of the Sibling Fee Concession Policy and agree to abide by the same.

I further understand that the school management reserves the right to withdraw the concession in case of non-compliance with school rules or submission of incorrect information.

Date: _____

Signature of Parent/Guardian: _____

For Office Use Only

Application Received On: _____

Verified By: _____

Approved / Not Approved: _____

Remarks (if any): _____

Principal
Signature with Stamp