



ADMISSION FORM

Looking for : Part Time Full Time

Fees : _____

Stationery : _____

Uniform : _____

Diagnosis : _____

Father's
Guardian's
Photo

Mother's
Guardian's
Photo

Child's
Photo

Name of the Child : _____

First Name

Middle Name

Last Name

Date of Birth :

Gender : Male Female

Place of Birth : _____

Nationality : _____

Height : Weight :

Blood Group : _____

Previous Pre-School /School Attended : _____ Class : _____

Residential Address : _____

City : _____ State : _____ Pin Code :

Contact No. Mobile No.

Emergency Contact Details

Name : _____

Contact No. Mobile No.

Parents Signature



Principal Signature

