

1. Name of the Child (Full name in block letters) :

2. Date of Birth : dd / mm / yyyy 3. Age : years months 4. Gender:

5. a. Father's name (Full name in block letters) :

b. Occupation :

c. Place of work :

d. Email : e. Contact no. :

6. a. Mother's name (Full name in block letters) :

b. Occupation :

c. Place of work :

d. Email : e. Contact no. :

7. a. Siblings (if any) : b. Age :

8. a. Residential address :

b. Contact no. :

9. Does the child have any challenges / specialities that you would like us to know :

10. Your expectations from the school:

Date :

Signature of Parents / Guardian

Remarks:

Date :

Signature of School Representative: