



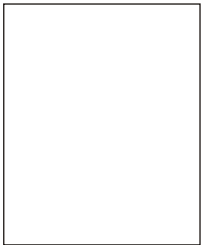
# ADMISSION FORM

Applied for (Program): \_\_\_\_\_ Form No: \_\_\_\_\_

Name of the Child: Master / Miss \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age (yy / mm): \_\_\_\_\_

Residential Address: \_\_\_\_\_



\_\_\_\_\_ Tel (R): \_\_\_\_\_

Mother tongue: \_\_\_\_\_ Other languages spoken: \_\_\_\_\_

Child living with: Parents / Grandparents / Other relatives

Identification marks: \_\_\_\_\_

Any allergies or specific disabilities: \_\_\_\_\_

How did you come to know about us: \_\_\_\_\_

Details	Mother	Father
Name		
Occupation		
Office Name, No.		
Mobile		
Email address		
Monthly Income		

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent's / Guardian's Signature

Enclosed: Birth certificate copy  
Passport photo

\_\_\_\_\_  
Parent's / Guardian's Name