



PRESCHOOL REGISTRATION FORM

Name of the child (Applicant) _____ Male/Female
(in BLOCK LETTERS) (TICK)

Date of Birth (dd/mm/yyyy)

(in words) _____

Program to which admission is sought _____ Age as on June 2010 _____

Nationality _____ Mother tongue _____

Other languages know to the child _____ Blood Group _____

Residential Address : _____

_____ Pin Code

Preferred phone number for School SMS _____

	Father	Mother
Name	: _____	_____
Occupation	: _____	_____
Designation	: _____	_____
Organisation name	: _____	_____
Organisation address	: _____	_____
Phone No.	: _____	_____
Mobile No.	: _____	_____
Email (in block letters)	: _____	



Permanent address: _____

_____ Pin code

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Few lines about your child with regard to his/her health and nature

DECLARATION

I/We hereby certify that the above information provided by me/us is correct and I/we understand that if the information is found to be incorrect or false, the ward shall be automatically debarred from selection/admission process without any correspondence in this regard. I/we accept the process of admission undertaken by the school and I/we will abide by the decision taken by the school authorities.

Date :

Father :

Mother :

Fee structure (for office use only)

Program	Registration	Tuition	Meals & Snacks