

Recent Passport size Photograph

REGISTRATION SLIP

Registration No.____

(To be filled in Block Letters only)

PERSONAL DETAILS:		
Name of the Child :	Sibling Attending	YES NO
Age : D.O.E	3: Gender: -	Male/Female
Registration Sought to class:	Single Parent- Yes No Single Gir	l Child- Yes No
Father Name	Mother Name	
Occupation	Occupation	
Annual Income	Annual Income	
Contact No.	Contact No.	
Email Address:	Email Address:	
Correspondence Address		
Alumni Detail (if any)	any)	
Medical History (if any)		
		Transport Required: Yes/No
I, (Parent above information is true and accurat	t/Guardian's Name), of hereby certify to the be	est of my knowledge that the
Parent's Signature		Date
Adm. Incharge Signature		
	Registration Slip	
	Registration No	
Name of the Child	Class	
Adm. Incharge Signature		
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