

## ADMISSION FORM

Serial No.				,	1
Name of the child					
Date of birth	DD	MM	YYYY	Gender	M/F
Residential address					
				C	
					//
Father's Name					
Educational qualification		3			
Profession					
Telephone number			Mobile phone		
Email ID					
Office address					
Mother's Name					
Educational qualification					
Profession					
Telephone number			Mobile phone		TP
Email ID					

Office address
In case of an emergency pleas
Name
Relationship with the child
Contact number
Mother tongue
Languages known to the child
<ul> <li>TERMS AND CONDITIONS</li> <li>Should there be an emerger emergency contact informatic ask that you give consent to member of staff to sign any signature could endanger my contact informatic endanger my contact to the information.</li> <li>I agree to pay fees on time (rany changes to the information.</li> <li>I give my permission to take work and for observational illustration.</li> <li>I give my permission for presson.</li> <li>I give my permission for my contified when these are plachild to participate in these seleave the premises. Any tripse give my permission for my child in local visits as described about</li> </ul>

Signature of the parents