

Preferred Phone Number for School SMS:

Emergency Contact Numbers Mobile Nos.	Name of the person to be contacted	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

FAMILY INFORMATION

Father/Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Designation:		
Annual Income:	Tel:	

Mother/Guardian:

Name:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address	
Designation:		
Annual Income	Tel:	

Detail of any Sibling:

Name of the Child:

Name of the School:

SIGNATURES

I hereby certify that the information given in the admission form is complete and accurate. I understand and agree this misrepresentation or omission of facts will justify the denial of admission, the cancellation of admission or expulsion.

Signature of Mother / Guardian

Signature of Father / Guardian

For Office use only

- Medical form
- Transportation form

- Birth / Transfer Certificate
- Admission fees

Admission coordinator
Date

Head of the Institution
Date