PALLAVANJALI

ADMISSION FORM

Child's Name : _____

Gender : _____ Date of Birth _____

Admission for class : _____

Home Address & Tel. Number : _____

_____

_____

Mother's Name : _____

Occupation : _____

Office Address : _____

Email Address : _____

Tel. No : _____ Mob. No : _____ Office No : _____

Father's Name : _____

Occupation : _____

Office Address : _____

Email Address : _____

Tel. No : _____ Mob. No : _____ Office No : _____

Emergency Contact (other than parents)

1. Name : _____ Relationship : _____ Tel.: _____

2. Name : _____ Relationship : _____ Tel.: _____

Siblings

1. Name : _____ Class : _____ School: _____

2. Name : _____ Class : _____ School: _____

Other people living with you _____

Name of Previous School/Class _____

Does your child have any special medical concern? If Yes specify _____

_____

_____ _____

Mother's Signature Father's Signature

For office use only

Date of Joining ..... Receipt Number .....

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