



ADMISSION FORM

NAME : _____

ADDRESS : _____

BIRTH DATE : DAY : _____ MONTH : _____ YEAR : _____

SEX : M F

FATHER'S NAME : _____

MOTHER'S NAME : _____

DETAILS OF OTHER CHILDREN IN THE FAMILY : _____

NAME OF PREVIOUS INSTITUTE (IF ATTENDED ANY) :

FATHER'S OCCUPATION : _____

ADDRESS : _____

TEL : (O) _____ (R) _____ CELL : _____

MOTHER'S OCCUPATION : _____

TEL : (O) _____ CELL : _____

- ANY SPECIFIC INTEREST OF CHILD (AS NOTICED OR OBSERVED BY PARENTS)
- ANY PERSONAL INSTRUCTIONS FOR CHILD

PARENTS AGREE TO ABIDE ALL THE TERMS & CONDITIONS.

FATHER'S SIGNATURE
SIGNATURE

MOTHER'S SIGNATURE

RECEIVER'S

