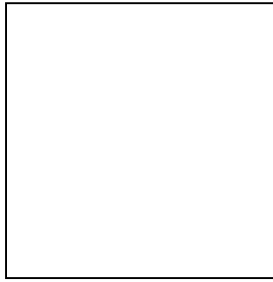
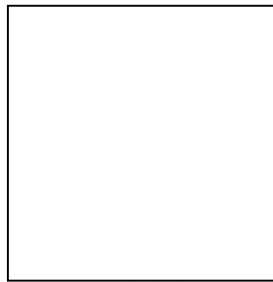


Harry's Kids

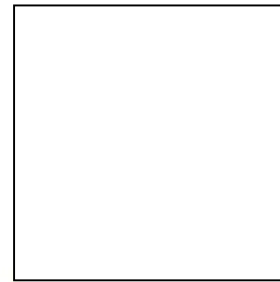
ADMISSION FORM



Affix photo of Father



Affix photo of Mother



Affix photo of Child

Admission No:

We, _____ and, _____
desire to have our son/daughter/ward whose particulars are given below admitted as a day scholar in
your School

INFORMATION OF THE CHILD

Last Name

First Name

Gender

Male

Female

Date of Birth

Date of Birth in words

Class for which admission is sought

Languages known

PERMANENT ADDRESS

CURRENT ADDRESS

Tel.:	Tel.:
Fax.:	Fax.:

Harry's Kids

Distance from school (in kms):

Preferred Phone Number for School SMS:

Emergency Contact Numbers	Name of the person to be contacted	Relationship

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:	

(i) Previous School (if any) attended:

School transfer certificate to be submitted in original

(ii) Detail of any Sibling:

Name of the Child:

Name of the School:

The child should be 2yrs 10 months of age as on 1st June 2010 for Play School.

Harry's Kids

The child should be 3yrs 10 months of age as on 1st June 2010 for Pre-School.

The child should be 4yrs 10 months of age as on 1st June 2010 for Pre-Primary.

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.

I have read and do hereby consent to the term and conditions enclosed with the registration form.

Signature of Mother / Guardian

Signature of Father / Guardian

Harry's Kids

For office use only

- Medical Form
- Birth / Transfer Certificate
- Transportation Form
- Admission Fees

Creative Learning Center

Admission Coordinator:

Date: