

School Registration Form

Please fill in BLOCK LETTERS only.

Student Details

Student Full Name	
Date of Birth	
Gender	
Class Applying For	
Previous School (if any)	

Parent / Guardian Details

Father's Name	
Mother's Name	
Guardian's Name	
Occupation	
Annual Income	

Contact Details

Mobile Number	
Alternate Number	
Email Address	
Residential Address	

Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge.

Parent / Guardian Signature	
Date	