



ADMISSION FORM

No.: _____ Date: _____

Name of the Child: Master/Miss: _____

Date of Birth: _____ Age: _____ Male/Female: _____

Name of the Parents, Father: _____

Mother: _____

Address: _____

_____ Mother Tongue: _____

Mobile Father: _____ Mobile Mother: _____

Landline No.: _____ Email: _____

Parent's Educational Background:

Father: _____ Mother: _____

Father Occupation: _____

Any other child: _____ Date of Birth: _____

Who other than the Child's parents has the permission to pick up the Child from the school?

(Children will not be released without the written authorization from the Parent or Guardian)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

IMPORTANT INFORMATION SHOULD BE FILLED BY THE BRANCH HEAD

Admission Fee: _____ Student I.D. Nbr.: _____

Annual Charges: _____ Monthly Fees: _____

Class Admitted to: _____ Date of Admission: _____

Signature of Branch Head

SHANTI FOUNDATION C-29, West Patel Nagar, New Delhi-110008

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