## **ADMISSION FORM**

Please try fill in the form as accurately as possible. All the information we ask for is relevant and enables us to know and help your child.

Child's Name			 
(Last)		(First)	(Middle Name)
Pet Name (If any)	<del></del>		 
Sex: Male/Female (Ple	ease tick)		
Address:			
Residence Telephone	No		
Date of Birth			
(Date)	(Month)	(Year)	
Nationality			
Mother's Name			 
Mother's Educational (	Qualification		
Mother's Occupation	(If Business, pl	ease specify)	
Mother Business Addr	ess		
Telephone No			
Mother's Hobbies			 
Father's Name			
Father's Educational C	Qualification		
Father's Occupation (I	(f Business, ple	ase specify)	

Father's Business Address				
Telephone No				
Email-ID				
Are Parents Divorced YES/No (I	Please tick)			
Brother/Sister Name (If any)	Pre-School Attended	Current School Attended		
L				
Languages spoken at home				
TYPE OF FAMILY SYSTEM				
Sleeping: What time does he usually go to bed at night? Get up in the morning?				
Doos he take a day time pan or	roct? if so for how	ong?		
	rest? if so, for how			
	so that others besides those at	nome can understand mim:		
Are any foreign languages snok	en at home?			
		e use?		
·	·	if so, please list and		
	roblems, such as aggression, ar	ger, anxiety, hostility, etc?		
Discipline: By what means do y	ou Discipline your child? By spa	nking? by		
scolding				
By putting to bed?	Other ways?			

	other information which we should have concerning your child which d him better?
	e your child gain from this experience?
	ences has your child had?
Are there other living in you	r household? If so, please list:
,	seeking admissions:
Please note: Any fess pa	id are not refundable nor transferable
Father's Signature	Mother' s Signature
	FOR OFFICE USE ONLY
TERM	<b>:</b>
ADMISSION FOR	:CLASS
TIME	:
DATE OF SUBMISSION	<b>:</b>
KINDI V ENCLOSE:	

 $<sup>^{*}</sup>$ Birth Certificate (Xerox copy) \* A Self-Addressed Stamped Envelope & 3 passport Sized Photographs