

ADMISSION FORM



Stamp size
Photo of the
Student

Enrollment No.

Application Date

School Start Date

Date of Birth

Child's Name

First Name

Last Name

Address

Resi. Phone

Mobile

Application For

MORNING

AFTERNOON

DAYCARE

Parent's Details

Father's Name

Mobile

Occupation

Work Address

Mother's Name

Mobile

Occupation

Work Address

Emergency Contact Person

Name

Relationship

Resi. Phone

Mobile

Authorized Pick Up Person(s)

Name

Relationship

Resi. Phone

Mobile

Dear Madam,

I do hereby declare that all the information as stated above are true to the best of my knowledge, I confirm that I have read, understood and agree to abide by all the rules and regulations of the school as mentioned. I also confirm to cooperate with the school authority in all respects.

Father's Signature

Mother's Signature

Signature of Centre Coordinator

Center _____

admin@plutokids.in

www.plutokids.in