

CHILD PHOTO

Name of the child:			
Class : Playgroup Nursery	LKG UKG		
GRADE 1 GRADE2			
M F			
Date of Birth(dd/mm/yy):			
Address:			
Distance from the school in kms —— Contact Number:		-	
Mother Name:	Father Name:		
Qualification:	Qualification:		
Age:	Age:		
Organization:	Organization:		
Designation:	Designation:		
Address:	Address:		
Contact no:	Contact no:		

Your child's interest:

Drawing Dance Drama Academics

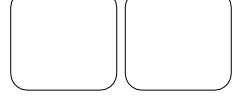
Sports Music Painting Public speaking

I/We hereby certify that the information is correct to the best of my/our knowledge. I/we fully understand that if any information is found to be false/incorrect, the admission of my/our ward will stand cancelled.

Mother Signature: Father signature:

## **Enclosures:**

- Birth certificate photocopy
- Proof of residence
- Vaccination card photocopy
- Escort card submit the photo of parents



- Note:Fees once paid will not be refunded at any circumstances
- Send the Application file to\_xcelgroups2012@gmail.com
- Contact: 9500103044/9710747862 7373596507/9600526337 Visit:

www.shikshajuniorschool.in

https://www.facebook.com/shikshajuniorschool