

**Saksham**  
ADMISSION FORM

Name of Student: \_\_\_\_\_

Date of Birth     
DD MM YYYY

Age as on 1 April of the current year: \_\_\_\_ yrs \_\_\_\_ months

Nationality: \_\_\_\_\_

Sex

Male

Female

Programme opted for: Mother Toddler\_\_\_\_ Pre School\_\_\_\_ Play School\_\_\_\_

Residential Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

E Mail: \_\_\_\_\_

Name & Address of School where child is currently studying, if any:

Particulars of Parents / Guardians

	FATHER / GUARDIAN	MOTHER / GUARDIAN
Name		
Profession		
Place of employment		
Office Address & Telephone Number		

We hereby certify that the information provided by us is correct. We have read the form and accept that the decision of the School/ Principal will be final and binding on us. We hereby undertake to abide by the School Rules.

Date: \_\_\_\_\_

Signature of Father/  
Guardian

Signature of Mother /  
Guardian

