+91 95377 75207
info@discoveryland.in
discoveryland.in
www.discoveryland.in
GSTIN: 24AAHCT9906A1ZH
CIN: U80100GJ2020PTC115189

ADMISSION INQUIRY FORM

FORM NUMBER: _____ DATE: _____
DD/MM/YYYY

CHILD'S NAME: _____
FIRST NAME MIDDLE NAME LAST NAME

CHILD'S BIRTH DATE: _____ AGE: _____
DD/MM/YYYY

BLOOD GROUP: _____ GENDER: _____
BOY / GIRL

ELIGIBLE FOR ADMISSION IN GRADE

PLAYGROUP JUNIOR (1+) ☐ PLAYGROUP (2+) ☐ NURSERY (3+) ☐

JUNIOR KINDERGARTEN (4+) ☐ SENIOR KINDERGARTEN (5+) ☐ DAY CARE (2+) ☐

FATHER'S NAME		MOTHER'S NAME	
FATHER'S CONTACT NO.		MOTHER'S CONTACT NO.	
FATHER'S OCCUPATION		MOTHER'S OCCUPATION	

RESIDENTIAL ADDRESS			
	AREA	PINCODE	

EMAIL ADDRESS	

REMARKS	

COUNSELLOR NAME		TIME