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CIN: U80100GJ2020PTC115189

Admission Inquiry Form

Form Number: _____

Date: _____

DD/MM/YYYY

Child's Name: _____

FIRST NAME

MIDDLE NAME

LAST NAME

Child's Birth Date: _____

DD/MM/YYYY

Age: _____

Blood Group: _____

Gender: _____

BOY / GIRL

Eligible For Admission In Grade

PLAYGROUP JUNIOR (1.5+)	<input type="checkbox"/>	PLAYGROUP (2+)	<input type="checkbox"/>	NURSERY (3+)	<input type="checkbox"/>
JUNIOR KINDERGARTEN (4+)	<input type="checkbox"/>	SENIOR KINDERGARTEN (5+)	<input type="checkbox"/>	DAY CARE (2+)	<input type="checkbox"/>
ACTIVITY CENTRE (2+)	<input type="checkbox"/>	TRANSPORT	<input type="checkbox"/>		

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															
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Remarks															
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Counsellor Name	Time
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