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CIN: U80100GJ2020PLC115189

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

TINY STEPS (1.5+)

☐

BLOOMING BUDS (2+)

☐

JUNIOR KINDERGARTEN (3+)

☐

SENIOR KINDERGARTEN (4+)

☐

BALVATIKA (5+)

☐

DAY CARE (2+)

☐

TRANSPORT (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	
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Remarks	
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Counsellor Name		Time	
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