



PARENT ENQUIRY FORM

Name of the child : _____

Date of birth (dd/mm/yyyy): _____ Age : _____ Gender : M/F

Father's Name : _____

Occupation : _____ Place of work : _____

Mobile No. : _____ E-mail ID : _____

Mother's Name : _____

Occupation : _____ Place of work : _____

Mobile No. : _____ E-mail ID : _____

Siblings (if any) : _____ Age : _____ Gender : M/F

Residential Address : _____

_____ Phone No. : _____

Does the child have any challenges / specialities that you would like us to know _____

Your expectations from the school : _____

Signature: _____ Date : _____

For office use

Remarks : _____

Signature :

Date :