



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

## PRE-REGISTRATION FORM

ACADEMIC SESSION 20\_\_\_\_ - 20\_\_\_\_

Applying for Class: \_\_\_\_\_ School: \_\_\_\_\_

Name of the Child \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Previous School: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

E-mail: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

E-mail: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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