



Application Form for admission

#8,5th Cross Laggere, Kaverinagar, Bangalore 560058
Ph: 080 28375599 / +91 9901950375
sahasrakidszone@gmail.com

Date: _____
No: _____

Child's Name: _____

Birth Date: _____

Place of Birth: _____

Sex Male/ Female: _____

Blood Group: _____

Nationality: _____

Fathers Name: _____ Ph. No. _____

Qualification: _____

Occupation of Father: _____

Mothers Name: _____ Ph. No. _____

Qualification: _____

Occupation of Mother: _____

Residential Address: _____

Office Address: _____

Email Id: _____

Child's Nature: _____

Child's Eating Habits: _____

UNDERSTANDING

I understand and agree that the registration of my son/ward does not guarantee admission to the school and that the registration fee is neither transferable nor refundable

Signature of Parent _____

Date: _____

Office use only

Admission Number: _____ Sa/UKG/0001

Application Received On: _____

Receipt Number: _____