



## ADMISSION ENQUIRY FORM

Date :    Name of the Student Gender Date of Birth   Age Admission sought for the class Father's Name Occupation Phone No. Mobile No. E-mail ID Mother's Name Occupation Phone No. Mobile No. E-mail ID Mailing Address 

Name of the school previously studied : \_\_\_\_\_

Reason for leaving school : \_\_\_\_\_

How did you hear about our school: (Please tick from the options)

Newspaper Advt.  Displays  Theatre/Radio Advt./TV Advt.  Social Media  SMS Alerts Community Programs  Others specify  \_\_\_\_\_

\_\_\_\_\_

Your idea about an ideal School: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Parent's Signature

**For Office Use**Application taken : Yes  No  If yes, date & time : \_\_\_\_\_Interested  Priority  Not Interested 

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

\_\_\_\_\_

Signature

**For Office Use**

Enquiry handled by: \_\_\_\_\_

**Remarks:**

Follow up Date	Comments	Follow up done by
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____

Principal Signature with Date

Operations Manager Signature with Date