



ADMISSION FORM

Student Details:

NAME		DOB	
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PARENT NAME	
Mobile Number	
ADDRESS	

Please answer following questions:

Does the student have any health conditions that may require special attention? **NO**
YES (please provide details _____)

Does the student have any allergies? **NO YES** (please provide details)+

I/We hereby consent my child _____ to be enrolled at Singh Sabha Gurmukhi School Taigum. I _____ declare that the information provided in this form is correct and up to date.

.....
 Parent/Guardian Signature

.....
 Date

.....
 Principal/Teacher Signature

.....
 Date