

Enrolment Form / Pupils Record Weekdays Classes

Roll No.

FEE:	Cash		S.O	
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Full Name

Parent's Name:

D.O. Birth/...../.....

Address:

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Tel No. Father's No.

Mother's No. Emergency Contact No.

Email:

Date of Admission :/...../.....

Registration Fee: £20

Monthly Fee

Allergies:

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Learning Disability:

Parent's Signature : Date/...../.....

Teacher's Signature : Date/...../.....