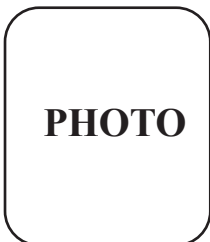




# KIDS SMILE NURSERY

## ADMISSION FORM



DATE: \_\_\_\_\_  
CLASS: \_\_\_\_\_

SURNAME : \_\_\_\_\_

NAME OF THE STUDENT : \_\_\_\_\_

DATE OF BIRTH : \_\_\_\_\_ NATIONALITY : \_\_\_\_\_

(IN WORDS) : \_\_\_\_\_

PLACE OF BIRTH : \_\_\_\_\_ MOTHER TOUNGE : \_\_\_\_\_

RELIGION : \_\_\_\_\_ CASTE : \_\_\_\_\_

PREVIOUS SCHOOL : \_\_\_\_\_

ANY MEDICAL PROBLEM : \_\_\_\_\_

DOCTOR'S NAME : \_\_\_\_\_

FATHER'S NAME : \_\_\_\_\_ EDUCATION : \_\_\_\_\_

OCCUPATION : \_\_\_\_\_ MOBLE NO : \_\_\_\_\_

OFFICE ADDRESS : \_\_\_\_\_  
\_\_\_\_\_

MOTHER'S NAME : \_\_\_\_\_ EDUCATION : \_\_\_\_\_

OCCUPATION : \_\_\_\_\_ MOBILE NO : \_\_\_\_\_

OFFICE ADDRESS : \_\_\_\_\_  
\_\_\_\_\_

RESIDENTIAL ADDRESS : \_\_\_\_\_  
\_\_\_\_\_

TEL.NO. : \_\_\_\_\_

SIGN. OF FATHER

SIGN. OF MOTHER

**OFFICE USE**

BIRTH CERTIFICATE : \_\_\_\_\_ PHOTO : \_\_\_\_\_ ADMISSION NO. : \_\_\_\_\_