REGISTRATION FORM

SelaQui International School

STRIVE TO LEAD
SelaQui EDUCATION

Registration No.

Class Applied for Year

Recent passport size photograph

Name of Child Last Middle First

(Leave a space between last name, middle name and first name)

Date of Birth Gender: Mother Tongue:

School Presently Attending:

School Address:

City: PIN State:

Residential Status: India / Overseas*

*Overseas students are those, holding a non-Indian passport / nationality / citizenship.

Father's Name Last Middle First

(Leave a space between last name, middle name and first name)

Occupations: Annual Income:

Permanent Address:

City: PIN State:

Address (If Different from Above) :

City: PIN: State:

Cont.

SelaQui EDUCATION

STRIVE TO LEAD

Address for Communication:

City: PIN State:

Email ID for Communication:

Phone Number:

Mother's Name (Last / Middle / First)

(Leave a space between last name, middle name and first name)

Where did you learn about SeleQui International School:

From a contact ☐ News Paper Advertisement ☐ Mailer ☐

Any Other ☐

I..... hereby declare that the information above is true to the best of my knowledge and belief.

Date: Signature of the Parent