



SelaQui

SelaQui International School

REGISTRATION FORM

Present Address/ Address of Communication:

Town/City:

State:

Pin:

Country:

Email ID:

Phone Number:

Mobile:

Permanent Address:

Town/City:

State:

Pin:

Country:

Email ID:

Phone Number:

Mobile:

Where did you learn about SelaQui International School:

(Please tick in appropriate box)

From a contact:

Newspaper Advertisement:

Mailer:

School Website:

Any other: _____

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

Date: _____

Signature of Parent: _____

