



Are there any special needs of your ward (please specify)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Local Contact Numbers (if any):

I hereby declare that the information given above is true to the best of my knowledge and belief.  
I further declare that I have read the rules of the school and agree to abide by them.

Signature of Father

Signature of Mother

**FOR OFFICE USE ONLY**

Date of Admission: \_\_\_\_\_ House: \_\_\_\_\_

Dorm No.: \_\_\_\_\_ Room No.: \_\_\_\_\_

Admission Coordinator's Remarks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date:

Signature:

Headmaster's Remarks:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of the Headmaster:

**ADMISSION FORM**



**SelaQui International School**

Chakrata Road  
Near Pharma City, Selaqui  
Dehradun, Uttarakhand-248011  
INDIA  
Phone: 91-135-3051000  
Fax: 91-135-3051399  
Website: [www.selaqui.org](http://www.selaqui.org)



