



FIRST CROP MONTESSORI SCHOOL

15/104, Tamil Sangam Rd, Shankar Nagar, Salem - 636 007.

Ph: +91 427 4042778

FILL IN CAPITALS

20 - 20

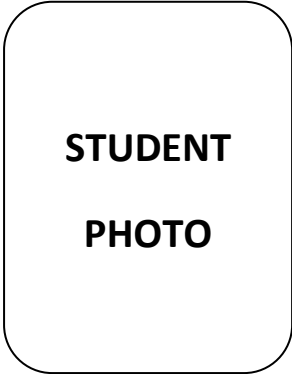
DATE: _____

PLAY GROUP

PREKG

M1

M2



CHILD'S NAME: _____ DOB: _____ AGE: _____ SEX: BOY / GIRL

PREVIOUS SCHOOL: YES / NO... IF YES, SCHOOL NAME: _____

RELIGION: _____; BLOOD GROUP: _____

MEDICAL HISTORY (IF ANY): _____

CHILD'S INTEREST: _____

TRANSPORT REQUIRED: YES / NO; IF YES, STOPPING: _____

FATHER NAME: _____ MOTHER NAME: _____

QUALIFICATION: _____ QUALIFICATION: _____

OCCUPATION: _____ OCCUPATION: _____

FATHER'S MOBILE: _____ MOTHER'S MOBILE: _____

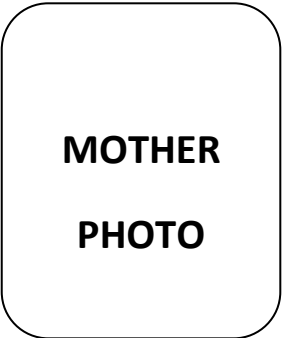
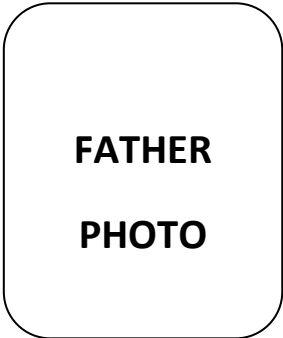
HOME ADDRESS: _____

HOME PHONE: _____

OFFICE NAME: _____ OFFICE NAME: _____

ADDRESS: _____ ADDRESS: _____

PHONE: _____ PHONE: _____



FEES PAID ARE NON REFUNDABLE...

SIGNATURE OF THE PARENT: _____

FOR OFFICE USE:

REMARKS: _____ SIGN: _____