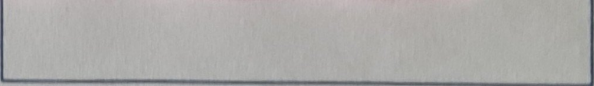


Enquiry Form



Name of the child _____
 Date of Birth _____ Age _____
 Mother's Name _____
 Qualification _____
 Occupation _____

Phone No _____ Email _____

Father's Name _____
 Qualification _____
 Occupation _____
 Permanent Address _____

Phone No _____ Email _____

Mother's Tongue _____

No. of Siblings: _____

Admission Sought for _____

Has the child studied in any other school earlier? Yes: _____ No: _____

If yes, name of the school _____

How did you come to know about school: _____

Date: _____

Time: _____

Signature of the Parent / Guardian

For Office Use Only

Counselor's Remark _____

Signature of counsellor

FOLLOW - UPS

No.	Date	Response given	Next follow - up
1.	_____	_____	_____
2.	_____	_____	_____