



SAVIORS FOUNDATION'S

# SAVIORS GLOBAL SCHOOL

## KHARGHAR

Academic Year 20\_\_ - 20\_\_

Board-\_\_\_\_\_

ADMISSION ENQUIRY FORM No. \_\_\_\_\_

Date:\_\_\_\_\_

<b>Name of the Child:</b>	
<b>Class Applied For:</b>	
<b>Date Of Birth:</b> ____/____/____	<b>AGE :</b>
<b>Gender (Male / Female)</b>	<b>CASTE :</b>
<b>Concern Areas</b>	<b>A) Health Issues</b> Allergy/Chronic <input type="checkbox"/> Disability <input type="checkbox"/> Any Other Health problems _____ <b>B) Learning Difficulties &amp; Behaviour Issues</b> ADHD <input type="checkbox"/> Slow Learner <input type="checkbox"/> Any Other <input type="checkbox"/>
<b>Father's Name:</b>	
<b>Occupation:</b>	
<b>Annual Income:</b>	
<b>Contact No:</b>	
<b>Email Id:</b>	
<b>Mother's Name:</b>	
<b>Occupation:</b>	
<b>Contact No:</b>	
<b>Email Id:</b>	
<b>Present Address / Permanent Address:</b>	
<b>Name of the Current School:</b>	
<b>How did you come to know about our school:</b>	
Website <input type="checkbox"/> Banner <input type="checkbox"/> Pamphlet <input type="checkbox"/> JustDial <input type="checkbox"/> Referral- <input type="checkbox"/> Others <input type="checkbox"/>	
<b>Parent's Signature:</b>	
<b>For office use only</b>	
<b>Counsellor's Remarks:</b>	