

BASIC INFORMATION

Seeking Admission for Class: _____ Academic Year: _____
 First Name: _____ Middle Name: _____ Last Name: _____
 Birth Date: ____/____/____ Gender: Male Female
 Present School: _____ Grade: _____
 Has your child been tested for any learning Disabilities? Yes No

FAMILY INFORMATION

Father's Name: _____ Mobile No.: _____
 Mother's Name: _____ Mobile No.: _____

DETAILS	HIGHEST EDUCATION	EMAIL ID	COMPANY NAME & DESIGNATION
FATHER			
MOTHER			

HOME ADDRESS

House No., Floor & Wing: _____ Building Name: _____
 Street: _____ Area: _____
 City/Pincode: _____ Home Tel. Number: _____

HOW DID YOU HEAR ABOUT EXCELLERE?

Newspapers Leaflet Hoardings Mailer
 Press Ads Bus Shelters Friends Other Source of Information

SIBLING INFORMATION

SR NO.	FULL NAME	GRADE	GENDER		DOB
			MALE	FEMALE	