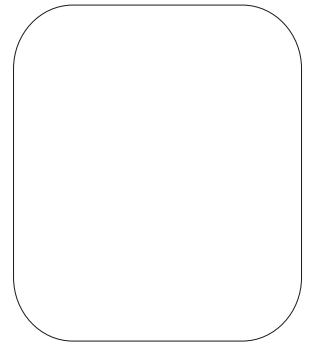




# Admission Form

## First Step Academy

K A T N I



ADMISSION NO \_\_\_\_\_

SESSION \_\_\_\_\_

BRANCH \_\_\_\_\_

Please fill in the form in capital letters

1. Name of Child \_\_\_\_\_ Sex \_\_\_\_\_

2. Date of Birth (in figures) \_\_\_\_\_  
In words \_\_\_\_\_

3. Place of birth \_\_\_\_\_

4. Nick name, if any \_\_\_\_\_

5. Name of Father \_\_\_\_\_

◆ Educational Qualifications \_\_\_\_\_

◆ Occupation (in detail) \_\_\_\_\_

◆ Company's Name \_\_\_\_\_

◆ Office Address \_\_\_\_\_

◆ Office No, Mobile No Email \_\_\_\_\_

6. Name of Mother \_\_\_\_\_

◆ Educational Qualification \_\_\_\_\_

◆ Occupation (in detail) \_\_\_\_\_

◆ Company's Name \_\_\_\_\_

◆ Office Address \_\_\_\_\_

◆ Office No, Mobile No Email \_\_\_\_\_

7. Monthly Income of family  20,000-30,000  30,000-50,000  above 50,000

8. Siblings Name \_\_\_\_\_ DOB \_\_\_\_\_

School \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

School \_\_\_\_\_

9. Residence Address \_\_\_\_\_

Tel: \_\_\_\_\_

10. Transport  yes  no Day Boarding  yes  no

Date of admission \_\_\_\_\_ Month of joining \_\_\_\_\_

Signature Counselor \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_