"Les Poppies" ALLEE BRILLANT ROAD CASTEL, PHOENIX TEL: 696 0976 PRE-PRIMARY SCHOOL Admission Form

CHILD'S NAME:			
DATE OF BIRTH:			
SEX:			
WEIGHT:			
ADDRESS:			
NAME OF CHILD'S PREVIOUS	S SCHOOL (IF ANY):		
WHY DID YOU CHANGE SCH	OOL (IF APPLICABLE):		
FATHER'S NAME:		PROFESSION:	
TELEPHONE RESIDENCE:	OFFICE:	MOBILE:	
MOTHER'S NAME:		PROFESSION:	
TELEPHONE RESIDENCE:	OFFICE:	MOBILE:	
DETAILS ON CHILD'S BEHAVE	IOUR:		
CHILD'S VACCINATION DATE	:S:		
HAS YOUR CHILD EVER BEEN	I SUBJECT TO ANY SERIOUS DISEAS	E SUCH AS (PLEASE TICK)	
ANAEMIA:	BAD COUGH:	VOMIT:	DIARRHEA:
OTHERS:			
THE MONTHLY SCHOOL FEE	IS Rs 1200 FROM JANUARY TO DEC	CEMBER.	
FOR MONTHLY FEE: PAREN		MAINING RS 200 IS GRANTED BY T	AL ACTIVITIES DURING ONE YEAR. <u>NOTE</u> HE GOVERNMENT. IT IS THE PARENTS'
OPENING HOURS OF THE SO	CHOOL : FROM 08H45 AM TO 2H00	PM.	
CONCERNING CHILD MINDIN AND FROM 2.30 P.M TO 5.0		IOOL BEFORE AND AFTER SCHOOL H	OURS, I.E., FROM 7.30 A.M TO 8.45 A.M
FEE FOR STAYING IN THE MO	ORNING ONLY: RS 300. FEE FOR STA	AYING IN THE AFTERNOON ONLY: RS	400.
	IINDING FEES ARE PAID AT THE BE ESTIVAL WILL BE ORGANISED AT SC		TS' CONTRIBUTION WILL BE ASKED IF A
IF YOU AGREE WITH THE AB	OVE, PLEASE, KINDLY FILL IN THE FO	ORM AND SIGN.	
SIGNATURE OF RESPONSIBL	E PARTY:		_
STATE RELATIONSHIP:			_

DATE: _____