



KALABHAVAN
Qatar

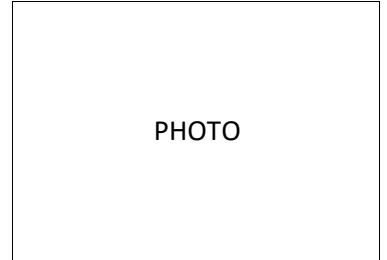
Registration Form for Admission

Registration No. : _____

Date : _____

Application fee QR 105/- (non-refundable)

Student Name : _____
ID No. / Passport No. : _____
P.O. Box / Area : _____
School : _____



Age : _____ Date of Birth : _____ Tel. / Mob. : _____ Gender : _____

Citizenship & State : _____ Course applied : _____

Preferred Course Timing Details : _____

Transportation Details : _____

Family Information

Parent Name : _____ ID No. : _____

Present Address : _____

Home Tel. : _____ Mobile No. : _____ Office Tel. : _____

Company : _____ Position : _____ E-mail Add. : _____

Names / Classes / Relationship of relatives who are in Kalabhavan Qatar

How did you learn about Kalabhavan School ? _____

Declaration and consent to share information

I confirm that I have read and understood the admission arrangements and that the information given in this form is correct. I understand that giving false information may result in a school place being withdrawn. To be signed by one or both Parents / Careers.

Signed : _____

Date : _____

For Official Use Only

Course	Teacher	Day	Time	Day	Time

Approved by Principal